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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1

1 PLACE OF DEATH
- Suffolk (County)
- Winthrop (City or Town)
- No. 57 Ocean View Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Silas Arthur Overturf
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ..........

(a) Residence. No. 57 Ocean View Street St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community 37 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) | Maud Ricard |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | 63 ~~Yrs.~~ years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 67 Years 10 Months 23 Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Building Inspector |
| 10 Industry or Business: | Town Of Winthrop |
| 11 Social Security No. | 020-12- 0130 |
| 12 BIRTHPLACE (City) (State or country) | Benezett, Penn. |
| PARENTS 13 NAME OF FATHER | John Overturf |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Penn. |
| 15 MAIDEN NAME OF MOTHER | Elizabeth Johnson |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Penn. |
| 17 Informant (Address) | Maud Overturf, 57 Ocean View St. Winthrop (Relation, if any: Wife) |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Office (Official Designation) 1/7/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. (Month) 3 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1940, to Jan 3, 1946; I last saw him alive on Dec 24, 1945, death is said to have occurred on the date stated above, at 8 A m.

| Cause | Duration |
|---|---|
| Immediate cause of death: Myocarditis | 6 mos. |
| Due to: Chronic Bronchitis | 1 yr. |
| Due to: Chronic Cystitis? | 5 yrs. |

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ..... Date of .....

Of autopsy .....

What test confirmed diagnosis? .....

IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Louis F Salerno, M. D.
(Address) 175 Pleasant St Date Jan 5 1946

21 Winthrop, Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL ~~Dec~~ January 7 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop [illegible]

Received and filed JAN 7 1946 19.....
(Registrar)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(i)-1-44-13634

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom be has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the hest of his knowledge and helief the name of the deceased, his supposed age, the disease of which he died, defined as required hy section one, where same was contracted, the duration of his last illness, when last seen alive hy the physician or officer and the date of his death . . . Gen. Laws, Cbap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required hy the preceding section or hy section forty-five of chaptcr one hundred and fourteen, shall, if the deceased, to the hest of his knowledge and helief, served in the army, navy or marine corps of the United States in any war in whicb it has heen engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate hoth thc primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the Cbina relief expedition and the Philippine insurrection, which shall, for said purposes, he deemed to have taken place hetween February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or otber person sball bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not heen buried, until he has received a permit from the board of health, or its agent appointed to issue sucb permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human hody and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same ccmetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the hody is buried. No such permit sball he issued until there shall have heen delivered to such hoard, agent or clerk, as the case may be, a satisfactory written statement containing the facts required hy law to he returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot he obtained early enough for the purpose, or is insufficient, a pbysician who is a memher of the hoard of health, or employed by it or hy the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make sucb certificate. If such a permit for the removal of a human hody, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall he returned to the town from whicb it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained bereunder. If the deatb certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The hoard of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can he obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead hodies of only such persons as are supposed to bave died hy violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the hody lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have heen hrought into the commonwealth until he has received a permit so to do from the hoard of health or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where the hody is to he huried or the funeral is to be held, or from a person appointed to have the care of the cemetery or hurial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for tbe observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given hedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to sucb deaths only as tbose of persons who, though disahled by recognized disease unrelated to any form of injury, bave died without recent medical attendance or whose physician is ahsent from home wben the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly hy traumatism (including resulting septicemia), and hy the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following ahortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled hy recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means tbe disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of tbe principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can he known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may he returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation hy the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who bad no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

FORM R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 15 Villa Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Imogene G White (Griffin)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 254 Pleasant St. St. ...
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution no years months days. In this community 87 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female | 18 DATE OF DEATH: January (Month) 3 (Day) 1946 (Year) |
| 4 COLOR OR RACE: White | 19 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1945, to Jan 3, 1946 |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | I last saw her alive on Jan. 3, 1946 death is said to have occurred on the date stated above, at 7:15 P m. |
| 5a If married, widowed, or divorced HUSBAND of David W. (Give maiden name of wife in full) (or) WIFE of David White (Husband's name in full) | Immediate cause of death: Cerebral Hemmorrhage — Duration: 1 month |
| 6 Age of husband or wife if alive ... years | Due to: Arterio Sclerosis, Hypertension & Senility |
| 7 IF STILLBORN, enter that fact here. | Due to: ... |
| 8 AGE 87 Years — Months — Days; If less than 1 day ... Hours ... Minutes | Other conditions (Include pregnancy within 3 months of death): — |
| 9 Usual Occupation: Home | Major findings: — Of operations: — Date of — |
| 10 Industry or Business: — | Of autopsy: — |
| 11 Social Security No. — | What test confirmed diagnosis? Clinical Signs |
| 12 BIRTHPLACE (City) Winthrop (State or country) Mass | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify ... |
| PARENTS: 13 NAME OF FATHER Sidney H Griffin | (Signed) D. J. O'Brien M. D. |
| 14 BIRTHPLACE OF FATHER (City) Annisquam (State or country) Mass | (Address) Winthrop Date Jan 5 1946 |
| 15 MAIDEN NAME OF MOTHER Mary Ryder | 21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop |
| 16 BIRTHPLACE OF MOTHER (City) Chatham (State or country) Mass | DATE OF BURIAL Jan 5 1945 |
| 17 Informant (Address) Arthur Griffin, 15 Villa Ave. Relation, if any (Brother) | 22 NAME OF FUNERAL DIRECTOR Ruby Bros. ADDRESS 210 Winthrop St Winthrop |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm D Childress (Signature of Agent of Board of Health or other) H.O. (Official Designation) Jan. 5 '46 (Date of Issue of Permit) | Received and filed JAN 7 1946 19 ... (Registrar) |

(Left margin:) ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION ____________________

DATE OF ENTERING MILITARY SERVICE ____________________

DATE OF DISCHARGE ____________________

RANK, RATING ____________________

ORGANIZATION AND OUTFIT ____________________

SERVICE NUMBER ____________________

RM R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 3

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Cliff Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

arlington notified 2/7/46

2 FULL NAME Margaret Mac Donald Haraden
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 194 Park Ave Arlington, St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Visit (Specify whether) years 8 months days. In this community 13 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Female | 4 COLOR OR RACE: White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of: Marshall A. Haraden (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE: 76 Years – Months – Days | If less than 1 day: Hours Minutes |
| 9 Usual Occupation: Housewife | |
| 10 Industry or Business: Own Home | |
| 11 Social Security No. — | |
| 12 BIRTHPLACE (City) (State or Country): Prince Edward Island | |
| PARENTS 13 NAME OF FATHER: Angus MacDonald | |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): P.E.I. | |
| 15 MAIDEN NAME OF MOTHER: Mary McIntyre | |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): P.E.I. | |
| 17 Informant: Marshall Haraden (Relation, if any: Son) (Address): 7 Elmwood Court Winthrop | |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childers
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Jan 6/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH: Jan (Month) 4 (Day) 1946 (Year) | |
| 19 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1945, to Jan 4, 1946. I last saw her alive on Jan 4, 1946 death is said to have occurred on the date stated above, at 8 P m. | Duration |
| Immediate cause of death: hypostatic pneumonia | IMPORTANT 2 days |
| Due to: myocarditis | |
| Due to: arterio sclerosis | |
| Other conditions (Include pregnancy within 3 months of death) | IMPORTANT Physician Underline the cause to which death should be charged statistically. |
| Major findings: Of operations; Date of; Of autopsy | |
| What test confirmed diagnosis? | |
| 20 Was disease or injury in any way related to occupation of deceased? If so, specify | |
| (Signed) J. Mahoney, M. D. (Address) Winthrop Date 1-5-1946 | |
| 21 Oak Grove Gardner Me. Place of Burial, Cremation or Removal (City or Town) | |
| DATE OF BURIAL Jan 7, 1946 | |
| 22 NAME OF FUNERAL DIRECTOR: John F. O'Malley | |
| ADDRESS: Winthrop | |
| Received and Filed JAN 7 1946 (Registrar) | |

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

M R-303-A

should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m (g)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 4

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 19 Cresent ~~St Winthrop~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Valloreggio
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 19 Cresent St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ~~At Home~~ , years months days. In this community 4 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: January (Month) 4 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Sarah Perrella (Give maiden name of wife in full) Perella (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) asphyxiation due to belt around neck |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 67 Years – Months – Days. If less than 1 day ... Hours ... Minutes | 20 Accident, suicide, or homicide (specify) Suicidal |
| 9 Usual Occupation: Shoe Maker | Date of occurrence Jan – 4 – 1946 |
| 10 Industry or Business: Own Business | Where did injury occur? Winthrop (City or town and State) |
| 11 Social Security No. – | Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) |
| 12 BIRTHPLACE (City) Lancio (State or country) Italy | Manner of Injury: Found dead & hanging from |
| 13 NAME OF FATHER: Unable to obtain — Unknown | Nature of Injury: his bed post |
| 14 BIRTHPLACE OF FATHER (City) (State or country) " " | While at work? – Was there an autopsy? no |
| 15 MAIDEN NAME OF MOTHER: Unable to obtain — Unknown | 21 Was disease or injury in any way related to occupation of deceased? – If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) " " | (Signed) Wm J. Brickley, M. D. (Address) Boston Date Jan – 4 – 1946 |
| 17 Informant Frank Valloreggio (Relation, if any: Son) (Address) 49 Campbell ave Revere | 22 Holy Cross Cem. Malden — Place of Burial, Cremation or Removal. (City or Town) |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/6/46 (Date of Issue of Permit) | DATE OF BURIAL Jan 7 1946 |
| | 23 NAME OF FUNERAL DIRECTOR Frank J. McGlinchey. ADDRESS 583 Broadway Chelsea Mass. |
| | Received and filed JAN 7 1946 (Registrar) |

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ... —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**..........................................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
# COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 5

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude Pike
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ......

(a) Residence. No. 184 Woodside Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 2 years 9 months ... days. In this community ... yrs. ... mos. ... days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE white | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) single

5a If married, widowed, or divorced HUSBAND of ...... (Give maiden name of wife in full)
(or) WIFE of ...... (Husband's name in full)

6 Age of husband or wife if alive ...... years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: unable to work

10 Industry or Business: ......

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Salem

PARENTS

13 NAME OF FATHER Francis Henry Pike

14 BIRTHPLACE OF FATHER (City) St. Paul (State or country) Minn.

15 MAIDEN NAME OF MOTHER Mary Lephe Stowell

16 BIRTHPLACE OF MOTHER (City) ...... (State or country) N.H.

17 Informant M.K.McPhillips (Relation, if any ......)
(Address) DSH

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 1/28/46 19...

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 19, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Senile Psychosis
Probable coronary thrombosis
Found dead in bed, sudden death.

20 Accident, suicide, or homicide (specify) ......
Date of occurrence ...... 19...
Where did injury occur? ...... (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? ...... (Specify type of place)
Manner of Injury ......
Nature of Injury ......
While at work? ...... Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify ......
(Signed) Ralph L. Foss, M. D.
(Address) Peabody Date 1/20 1946

22 Glenwood Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 1/26/46 19...

23 NAME OF FUNERAL DIRECTOR John Ward
ADDRESS Everett

Received and filed ...... 19...
FEB 6 1946
(Registrar of City or Town where deceased resided)

M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

Curtis J. Mealey 1/11/46

# The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 6

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 72 Centre St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes L. McGilvray (MacDonald)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 72 Centre St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) — (Specify whether) years months days. In this community 41 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female | 18 DATE OF DEATH: January (Month) 6 (Day) 1946 (Year) |
| 4 COLOR OR RACE: White | 19 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1945, to January 6, 1946. I last saw her alive on January 6, 1946 death is said to have occurred on the date stated above, at 1:10 P. m. |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | Immediate cause of death: Lymphosarcoma right inguinal glands (malignant) — Duration 6 mos |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph G. McGilvray (Husband's name in full) | Due to General lymphosarcomatosis — Duration 4 mos |
| 6 Age of husband or wife if alive: 44 years | Due to |
| 7 IF STILLBORN, enter that fact here. | Other conditions: none (Include pregnancy within 3 months of death) |
| 8 AGE: 41 Years, Months, Days; If less than 1 day: Hours, Minutes | Major findings: Of operations: Lymphosarcoma of gland. Date of Oct. 1945. Of autopsy |
| 9 Usual Occupation: Housewife | What test confirmed diagnosis? clinical & pathological |
| 10 Industry or Business: Own Home | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify |
| 11 Social Security No.: — | (Signed) Jacob Abrams M.D. M. D. |
| 12 BIRTHPLACE (City) Winthrop (State or Country) Massachusetts | (Address) 562 Shirley St. Date 1/7/1946 |
| PARENTS — 13 NAME OF FATHER: James J. MacDonald | 21 Winthrop (Place of Burial, Cremation or Removal.) Winthrop Winthrop (City or Town) |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Nova Scotia | DATE OF BURIAL: January 9 1946 |
| 15 MAIDEN NAME OF MOTHER: Nellie Clear | 22 NAME OF FUNERAL DIRECTOR: John F. O'Maley |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Ireland | ADDRESS: Winthrop, Massachusetts |
| 17 Informant: Joseph G. McGilvray (Relation if any) (Husband) (Address) 72 Centre St Winthrop | Received and Filed JAN 9 1946 (Registrar) |

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/8/46 (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ________________

M R-301 A

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

Arthur J. O'Malley 1/11/46

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 7

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 33 Hutchinson St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth B. Regan ( Wright )
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 33 Hutchinson St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — (Before death) (Specify whether) years months days. In this community 4 yrs. mns. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | 18 DATE OF DEATH: January (Month) 6 (Day) 1946 (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of James A. Regan (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from October, 1945, to January 6, 1946. I last saw her alive on January 6, 1946, death is said to have occurred on the date stated above, at 7 p m. |
| 6 Age of husband or wife if alive 30 years | Immediate cause of death: Carcinoma of recto-sigmoid — Duration: ? 2 years |
| 7 IF STILLBORN, enter that fact here. | Due to |
| 8 AGE 29 Years — Months — Days; If less than 1 day: Hours, Minutes | Due to ~~[illegible]~~ |
| 9 Usual Occupation: Housewife | Other conditions (Include pregnancy within 3 months of death): Colostomy — 5 mos |
| 10 Industry or Business: Own Home | Major findings: Of operations: Operation at Mass. General Hospital. Date of June 1945 |
| 11 Social Security No. — | Of autopsy |
| 12 BIRTHPLACE (City) (State or Country): Lynn Massachusetts | What test confirmed diagnosis? Clinical + surgical |
| PARENTS 13 NAME OF FATHER: Herbert Wright | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Nova Scotia | (Signed) Paul Wermsaft, M. D. |
| 15 MAIDEN NAME OF MOTHER: Florence Schlahuber | (Address) 89 Crest Ave Winthrop. Date 1/7 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Nova Scotia | 21 Holy Cross, Malden ~~Mass~~ Mass. Place of Burial, Cremation or Removal. (City or Town). DATE OF BURIAL January 9 1946 |
| 17 Informant (Address): James Regan (Husband) (Relation if any), 33 Hutchinson St Winthrop | 22 NAME OF FUNERAL DIRECTOR John F. O'Malley ADDRESS Winthrop, Mass. |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/7/46 (Date of Issue of Permit) | Received and Filed JAN 9 1946 (Registrar) |

Physician — Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m(h)-1-41-4695

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)

Registered No. 8

2 FULL NAME Richard J Daly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)

(a) Residence. No. 3 Almont St. St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 3 days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word):

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 11 Days | If less than 1 day Hours Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

13 NAME OF FATHER Richard J Daly

14 BIRTHPLACE OF FATHER (City) Winchester (State or country) Mass

15 MAIDEN NAME OF MOTHER Evelyn S. De Coste

16 BIRTHPLACE OF MOTHER (City) ~~Antigonish~~ Antigonish (State or country) N. S.

17 Informant Richard J Daly (Father) Relation, if any (Address) 3 Almont St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Office (Official Designation) 1/8/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 7 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1945 to Jan 7, 1945 I last saw him alive on Jan 7 1946 death is said to have occurred on the date stated above, at 9.05 p.m.

| | Duration Important |
|---|---|
| Immediate cause of death Bronchopneumonia | 2 days |
| Due to | |
| Due to ~~Diarrhea~~ | |
| Other conditions Diarrhea (Include pregnancy within 3 months of death) | 4 days |

Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A N Caplan, M. D.
(Address) 136 Prince St (Bos.) Date 1-8 1945 46

21 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Jan 8 1946

22 NAME OF FUNERAL DIRECTOR Frederick J Magrath
ADDRESS East Boston Mass

Received and filed JAN 1946 19..

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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SPACE FOR ADDITIONAL INFORMATION............................................................

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R-301 A

that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 9

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 7 Beacon St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anthony MacArthur
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 7 Beacon St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ------ years months days. In this community 4 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of ——
(Give maiden name of wife in full)
(or) WIFE of Beatrice A.MacNabb,
(Husband's name in full)

6 Age of husband or wife if alive 43 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days. If less than 1 day Hours Minutes

9 Usual Occupation: Druggist

10 Industry or Business: —

11 Social Security No. 015-12-7806

12 BIRTHPLACE (City) (State or country) P.E.I.

PARENTS

13 NAME OF FATHER: cannot be learned

14 BIRTHPLACE OF FATHER (City) (State or country): cannot be learned

15 MAIDEN NAME OF MOTHER: cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country): cannot be learned

17 Informant Miss Doreen MacArthur, Relation if any: Daughter
(Address) 88 Dartmouth St., Everett, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/9/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 7, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September, 1944, to Jan 6, 1946

I last saw him alive on Jan 6, 1946, death is said to have occurred on the date stated above, at Early Morning M.

Immediate cause of death: Tuberculosis (Pulmonary) — Duration IMPORTANT: 2 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) ——

Major findings: Of operations —— Date of ——

Of autopsy ——

What test confirmed diagnosis? Clinical Signs

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. C. Pringer, M. D.
(Address) Winthrop, Mass. Date Jan 8 1946

21 Cambridge, Cambridge, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 12, 1946

22 NAME OF FUNERAL DIRECTOR J.E.Henderson Co.
ADDRESS 517 Broadway, Everett, Mass.

Received and filed DEC 11 1946
(Registrar)

50m-(c)-3-43-11574

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

Boarding house Lady at 7 Beacon St Winthrop, Mass, found the deceased dead, when she went to his room, at about 11 a.m. Jan 7, 1946.

[illegible signature]

M R-303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 10

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Elizabeth Walker
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) ......

(a) Residence. No. 176 Hermon St. ~~Winthrop~~ St. ...... (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp (Before death) (Specify whether) years months 1 days. In this community 49 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ...... (Give maiden name of wife in full)
(or) WIFE of Robert Walker (Husband's name in full)

6 Age of husband or wife if alive ...... years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 11 Months 11 Days | If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: At Home

10 Industry or Business: —

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) England

PARENTS
13 NAME OF FATHER Samuel Bainbridge
14 BIRTHPLACE OF FATHER (City) (State or country) England
15 MAIDEN NAME OF MOTHER Elizabeth ~~Heathcote~~ Bayless
16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Leslie M Walker (Relation if any Son)
(Address) 176 Hermon St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/9/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 7 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Bronchopneumonia
Fracture Lt. Femur

20 Accident, suicide, or homicide (specify) accidental
Date of occurrence Jan - 6 - 1946
Where did injury occur? Winthrop (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? ...... (Specify type of place)
Manner of injury Fell accidentally at her
Nature of injury home on Jan - 6 - 1946
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify ......
(Signed) Wm. J. Brickley, M. D.
(Address) Boston Date Jan - 8 - 1946

22 Woodlawn Crematory / Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 10 1946

23 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed DEC 11 1946 19......
...... (Registrar)

MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, should be carefully supplied. so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Leslie M. Walker

50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ... —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to Injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from Injury or Infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If Investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)** ........................................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m(h)-1-41-4695

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

Boston Births 2/7/41 (?)

(City or town making return)

Registered No. 11

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Pavillo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)

(a) Residence. No. 200 Maverick St. E. Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

13 NAME OF FATHER Domenic Pavillo

14 BIRTHPLACE OF FATHER (City) (State or country) Boston, Mass.

15 MAIDEN NAME OF MOTHER Jennie Verderico

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass.

17 Informant Domenic Pavillo (Relation, if any Father)
(Address) 200 Maverick St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 1/9/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 8, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1946, to Jan 8, 1946
I last saw h... alive on Jan 8, 1946, death is said to have occurred on the date stated above, at ... m.

Immediate cause of death: Stillborn

Duration Important

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Important

Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John Verdone, M. D.
(Address) [illegible] Date 1/9/46

21 St. Michael's, Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 9 1946

22 NAME OF FUNERAL DIRECTOR Francis Di Pietro
ADDRESS 204 Maverick St. E. B.

Received and filed ... 19
DEC 11 1946

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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SPACE FOR ADDITIONAL INFORMATION..........................................................................

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 12

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. ~~27~~ Winthrop Com'l Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph F. Thompson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) ..........

(a) Residence. No. 817 Shirley St. St. ..........
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hos'tl (Specify whether) — years — months 7 days. In this community 36 yrs. mos. days.
(Before death)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | 18 DATE OF DEATH: January (Month) 10 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Eva Chamberlin (Give maiden name of wife in full) | 19 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1946, to Jan 10, 1946 |
| (or) WIFE of .......... (Husband's name in full) | I last saw him alive on Jan 10, 1946 death is said to have occurred on the date stated above, at 9:45 P.m. |
| 6 Age of husband or wife if alive .......... years | Immediate cause of death: Broncho-Pneumonia — Duration: 6 days |
| 7 IF STILLBORN, enter that fact here. | Due to .......... |
| 8 AGE 89 Years .......... Months .......... Days · If less than 1 day .......... Hours .......... Minutes | Due to .......... |
| 9 Usual Occupation: Stereotyper | Other conditions .......... (Include pregnancy within 3 months of death) |
| 10 Industry or Business: Newspaper | Major findings: Of operations .......... Date of .......... |
| 11 Social Security No. none | Of autopsy .......... |
| 12 BIRTHPLACE (City) (State or country) N Y | What test confirmed diagnosis? Clinical Signs |
| PARENTS 13 NAME OF FATHER Hugh F. Thompson | 20 Was disease or injury in any way related to occupation of deceased? .......... If so, specify .......... |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Ireland | (Signed) Daniel J. O'Brien Jr. M. D. |
| 15 MAIDEN NAME OF MOTHER ~~Unknown~~ [illegible] | (Address) Winthrop Date Jan 12 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland | 21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop |
| 17 Informant Mrs Eva Thompson (Relation, if any: wife) (Address) | DATE OF BURIAL Jan 14 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/12/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Kirby Bros. ADDRESS 210 Winthrop St Winthrop |
| | Received and filed .......... 19.... (Registrar) |

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

...terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________________

DATE OF ENTERING MILITARY SERVICE ____________________

DATE OF DISCHARGE ____________________

RANK, RATING ____________________

ORGANIZATION AND OUTFIT ____________________

SERVICE NUMBER ____________________

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 13

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 387 Shirley St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth L. Saunders
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 387 Shirley St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | Joseph Saunders |
| 6 Age of husband or wife if alive | years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | about 60 Years – Months – Days; If less than 1 day Hours Minutes |
| 9 Usual Occupation: | Waitress |
| 10 Industry or Business: | Restaurant |
| 11 Social Security No. | 030--01--5901 |
| 12 BIRTHPLACE (City) (State or Country) | Lowell Mass |
| PARENTS 13 NAME OF FATHER | Cannot be learned |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Cannot be learned |
| 15 MAIDEN NAME OF MOTHER | Cannot be learned |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Cannot be learned |
| 17 Informant (Address) (Relation, if any) | Helen Brisco, 9 Orchard St Revere |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress M.D. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/14/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 12 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at 9 P m.

Immediate cause of death: Coronary Embolism (?).
Due to: Referred to B of H
Due to: by Med. Examiner

Duration

IMPORTANT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible] M. D.
(Address) Board of Health Date 1/12 1946

21 Place of Burial, Cremation or Removal. Winthrop Winthrop (City or Town)
DATE OF BURIAL Jan 15 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed JAN 17 1946 19
(Registrar)

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 14

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 34 Read ~~St~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patrick W. Barry
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 34 Read St St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution (Before death) — (Specify whether) years months days. In this community 44 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) | Annie L. Norton |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 79 Years Months Days; If less than 1 day Hours Minutes |
| 9 Usual Occupation | Retired Postal Clerk |
| 10 Industry or Business | U. S. Goverment |
| 11 Social Security No. | |
| 12 BIRTHPLACE (City) (State or Country) | Boston Mass |
| PARENTS: 13 NAME OF FATHER | William Barry |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Ellen Hyde |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Ireland |
| 17 Informant (Address) | Thomas Barry, 34 Read St (Relation, if any) Son |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childrey M.D. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/14/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 13 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October, 1945, to January 13, 1946
I last saw him alive on January 13, 1946, death is said to have occurred on the date stated above, at 9.30 A. m.

Immediate cause of death: Carcinoma of lower lip — Duration: IMPORTANT
Due to with metastases to pharynx and cervical lymph nodes — ? 3 years
Due to ~~cervical lymph nodes~~
Other conditions (Include pregnancy within 3 months of death) Generalized arterio-sclerosis — 25-30 years
IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings: Of operations
Of autopsy — Date of
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Paul Weinsaft, M. D.
(Address) 89 Crest ave Winthrop Date 1/13 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan. 16 1946 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed JAN 17 1946 19
(Registrar)

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

00m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 15

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 95 Terrace Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude Cruse
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) None

(a) Residence. No. 95 Terrace Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years — months days. In this community 27 yrs. mos. days.
(Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of James Cruse
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Nova Scotia

PARENTS

13 NAME OF FATHER Daniel Noonan

14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Elizabeth Bogle

16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

17 Informant Ruth Cruse (Relation if any Daughter)
(Address) 95 Terrace Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 1/15/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 15 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m.

Immediate cause of death Natural Causes

Due to Referred by Medical Examiner

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

IMPORTANT

IMPORTANT

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Bd Health Date 1-15 1946

21 Mt Hope - Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 17 1946

22 NAME OF FUNERAL DIRECTOR F. J. Prescott
ADDRESS 1770 Washington St., Boston.

Received and filed JAN 17 1946 19
(Registrar)

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker** or **other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

**SPACE FOR ADDITIONAL INFORMATION**..........................................................................

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R-301 A

*The Commonwealth of Massachusetts*
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 16

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 22 Willow ~~St. Winthrop~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J Montgomery
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 22 Willow ~~St Winthrop~~ St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution ~~none~~ years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | | |
|---|---|---|
| 3 SEX: male | 4 COLOR OR RACE: white | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of | Ellen M Cleary (Give maiden name of wife in full) (Husband's name in full) | |
| 6 Age of husband or wife if alive | 63 years | |
| 7 IF STILLBORN, enter that fact here. | | |
| 8 AGE | 68 Years 3 Months 27 Days | If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Block-maker | |
| 10 Industry or Business: | Boston Lockport Block Co | |
| 11 Social Security No. | 021-03-9824 | |
| 12 BIRTHPLACE (City) (State or country) | St John, New Brunswick | |
| PARENTS 13 NAME OF FATHER | James Montgomery | |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | St John, New Brunswick | |
| 15 MAIDEN NAME OF MOTHER | Emma Clark | |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | St John, New Brunswick | |
| 17 Informant (Address) | Ellen M Montgomery, 22 Willow Ave Winthrop | Relation if any: wife |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childers (Signature of Agent of Board of Health or other)
Agent (Official Designation) Jan. 22/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan (Month) 20 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1945 to Jan 20, 1946
I last saw him alive on Jan 18, 1946 death is said to have occurred on the date stated above, at 10:30 A m.

| | Duration |
|---|---|
| Immediate cause of death: Coronary infarct | 1 d |
| Due to: arterio sclerosis | 1 y |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ... Date of ... | |
| Of autopsy | |
| What test confirmed diagnosis? | |

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] Date 1-21 1946

21 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 23 1946

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston

Received and filed JAN 22 1946 (Registrar)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which be died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of deatb as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in wbich it has beeu engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer sball forfeit ten dollars. For the purposes of tbis section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eigbt and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Cbap. 46, Sec. 10.

No undertaker or otber person shall bury or otberwise dispose of a buman body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from tbe board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to anotber in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where tbe body is buried. No such permit shall be issued until there shall have been delivered to sucb board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If deatb is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, tbe certificate of death made as above provided and in the possession of the undertaker desiring to make such removal sball constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in tbe usual form for the removal of sucb body has been sooner obtained bereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital sball appear upon the permit. The board of healtb, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it aud transmit it to the clerk of the town for registration. The person to whom tbe permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he sball forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until be has received a permit so to do from the board of bealth or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as tbose of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home wben the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name tbe disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation bad been given up or changed on account of the disease causing deatb, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—botel, etc. For a person who bad no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______________________

DATE OF ENTERING MILITARY SERVICE ______________________

DATE OF DISCHARGE ______________________

RANK, RATING ______________________

ORGANIZATION AND OUTFIT ______________________

SERVICE NUMBER ______________________

M R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 17

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 31 Centre St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME August J. Petzke
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 31 Centre St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution — years months days. In this community 2 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Male | 4 COLOR OR RACE: White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | |
| 5a If married, widowed or divorced HUSBAND of: Hattie Martell (Give maiden name of wife in full) | |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive: 63 years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE: 71 Years, Months, Days | If less than 1 day: Hours, Minutes |
| 9 Usual Occupation: Shipper | |
| 10 Industry or Business: Hood Milk Co. | |
| 11 Social Security No. 022--10--7537 7557 | |
| 12 BIRTHPLACE (City) (State or Country): Germany | |
| PARENTS 13 NAME OF FATHER: Cannot be learned | |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Germany | |
| 15 MAIDEN NAME OF MOTHER: Cannot be learned | |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Germany | |
| 17 Informant: Hattie Petzke (Relation, if any: Wife) (Address): 31 Centre St | |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
1/25/46 (Date of Issue of Permit)

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH: Jan 23 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 10, 1945, to Jan 22, 1946
I last saw him alive on Jan 22, 1946 death is said to have occurred on the date stated above, at 2 9 m.

Immediate cause of death: Cardiorenal disease (Cardiorenal disease)
Due to: anemia and gast. Carcinoma of stomach (anemia; stomach)
Due to

Duration — IMPORTANT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of — Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Francis Licata (Licata), M. D.
(Address) 81 Pauline St Date Jan 24 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan. 26 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop

Received and Filed JAN 29 1946 (Registrar)

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

FORM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

Westfield (City or town making return)

Registered No. 18

1 PLACE OF DEATH: Hampden (County)
Westfield (City or Town)
No. Westfield State Sanatorium St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leroy Coffin
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 James Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years 3 months days. In this community Life yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Separated & Married

5a If married, widowed, or divorced HUSBAND of Margaret Forhan
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 38 years

7 IF STILLBORN, enter that fact here.

8 AGE 44 Years 7 Months 15 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Defense Worker

10 Industry or Business: Cannot be learned

11 Social Security No. -

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

13 NAME OF FATHER George Coffin

14 BIRTHPLACE OF FATHER (City)
(State or country) Canada

15 MAIDEN NAME OF MOTHER Minnie Boyd

16 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

17 Informant Hospital Records (Relation, if any none)
(Address) Westfield State San.

A TRUE COPY.
ATTEST: Harold Whittemore
(Registrar of city or town where death occurred)

DATE FILED Jan. 29 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 24, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1945, to Jan. 24, 1946
I last saw him alive on Jan. 24, 1946, death is said to have occurred on the date stated above, at 5:55A m.

| | Duration |
|---|---|
| Immediate cause of death Bilateral advance pulmonary tbc. | 6 yrs. |
| Due to | |
| Due to | |
| Other conditions none (Include pregnancy within 3 months of death) | |
| Major findings: Of operations no Date of | |
| Of autopsy no | |
| What test confirmed diagnosis? X-Ray & Sputum | |

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) F.W. Goodhue, M. D.
(Address) Westfield San. Date 1-24 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop-Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL Jan. 28 1946

22 NAME OF FUNERAL DIRECTOR Howard S.Reynolds
ADDRESS 180 WinthropSt., Winthrop

Received and filed FEB 8 1946 19
(Registrar of City or Town where deceased resided)

50m-(b)-6-44-14607

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 19

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 120 Winthrop Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Simeon Eugene Hatley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) Spanish

(a) Residence. No. 120 Winthrop Street St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution —— years months days. (Before death) (Specify whether) In this community 18 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Euphemia Hodgson (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 5 Months 14 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Soldier (Retired)

10 Industry or Business: U S Army

11 Social Security No. None

12 BIRTHPLACE (City) Concord
(State or country) North Carolina

PARENTS

13 NAME OF FATHER Simeon Hatley

14 BIRTHPLACE OF FATHER (City)
(State or country) N Carolina

15 MAIDEN NAME OF MOTHER Susan Noah

16 BIRTHPLACE OF MOTHER (City)
(State or country) N Carolina

17 Informant Euphemia Hatley (Relation, if any) (Wife)
(Address) 120 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Jan. 28/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 24 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1946, to Jan 24, 1946

I last saw him alive on Jan 23, 1946 death is said to have occurred on the date stated above, at 10.30 P. m.

Immediate cause of death: Hypostatic pneumonia — Duration: 1 d.

Due to: Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible signature] M. D.
(Address) [illegible] Date 1-25-1946

21 Winthrop (Place of Burial, Cremation or Removal) Winthrop (City or Town)
DATE OF BURIAL January 28 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed JAN 29 1946 19
(Registrar)

...OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(i)-1-44-13634

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m(h)-1-41-4695

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 20

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town) *Somerville notified 2/7/46*
No. Winthrop Community Hospital, Winthrop, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR) *No*

2 FULL NAME Lucy Muratore
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 154 Broadway, Somerville St. Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution *Hospital* (Specify whether) years months *8* days. In this community *48* yrs. mos. days.
(Before death)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Michiel P. Muratore (Husband's name in full)

6 Age of husband or wife if alive Sixty five years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years 1 Months 5 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Finisher

10 Industry or Business: *Clothing Co.*

11 Social Security No. *028-05-8093*

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER Michael Orsini

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Nicolette Cifildore

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Catherine Rogers Relation, if any *(daughter)*
(Address) *249 Lexington St East Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
*Wm. D. Childress*
(Signature of Agent of Board of Health or other)
*Health Officer* *1/29/46*
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 26 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Jan 18*, 19*46*, to *Jan 26* 19*46*
I last saw h*er* alive on *Jan 26* 19*46* death is said to have occurred on the date stated above, at *6:50 p.* m.

Immediate cause of death *Meningitis (type not determined)* — Duration Important: *1 week*

Due to

Due to

Other conditions *Cerebrospinal Syphilis* (Include pregnancy within 3 months of death) — Important

*per Dr. 2/1/46*

Major findings:
Of operations ... Date of *Puncture*
Of autopsy *Lumbar*
What test confirmed diagnosis? *Lumbar Puncture* ~~*Hass. Test*~~ *Wassermann*

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify

(Signed) *A. J. Caplan* M. D.
(Address) *156 Princeton St E.B.* Date *1-26-* 19*46*

21 *Holy Cross* *Malden*
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL *Jan 30* 19*46*

22 NAME OF FUNERAL DIRECTOR *Charles H. Treanor*
ADDRESS *East Boston Mass*

Received and filed JAN 31 1946 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

**SPACE FOR ADDITIONAL INFORMATION**

560-59-420

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 21

1 PLACE OF DEATH (County) Winthrop
(City or Town) Suffolk
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Mellen Burnap
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 8 Pleasant St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) hospital (Specify whether) years months 16 hrs ~~days.~~ In this community 21 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | 18 DATE OF DEATH: Jan (Month) 27 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Ethel May Lunt (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1946 to Jan 27, 1946. I last saw him alive on Jan 27, 1946 death is said to have occurred on the date stated above, at 11.20 p.m. |
| 6 Age of husband or wife if alive 74 years | Immediate cause of death: Mesenteric Thrombosis — Duration: IMPORTANT 11 hours |
| 7 IF STILLBORN, enter that fact here. | Due to Chronic hypertension — 5 years |
| 8 AGE 74 Years 2 Months 14 Days. If less than 1 day ... Hours ... Minutes | |
| 9 Usual Occupation: Guard | |
| 10 Industry or Business: Federal Building Administration | |
| 11 Social Security No. 026-14-8048 | Other conditions (Include pregnancy within 3 months of death) — |
| 12 BIRTHPLACE (City) Malborough (State or country) Marlborough Mass | IMPORTANT Physician: Underline the cause to which death should be charged statistically. |
| PARENTS: 13 NAME OF FATHER Charles Russell Burnap | Major findings: Of operations — none. Date of — |
| 14 BIRTHPLACE OF FATHER (City) Hopkinton (State or country) Mass. | Of autopsy — none |
| 15 MAIDEN NAME OF MOTHER Belinda Elisabeth Gerry | What test confirmed diagnosis? Clinical Signs |
| 16 BIRTHPLACE OF MOTHER (City) Waterborough (State or country) Maine | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify. (Signed) Daniel J. O'Brien M. D. (Address) Winthrop, Mass Date Jan 29 1946 |
| 17 Informant Mrs W. M. Burnap (Relation, if any: Wife) (Address) 8 Pleasant St | 21 Place of Burial, ~~Cremation or Removal~~: Winthrop Cemetery Winthrop Mass (City or Town). DATE OF BURIAL Jan 30, 1946 19 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/30/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh. ADDRESS 174 Winthrop St Winthrop |
| | Received and filed JAN 30 1946 19 (Registrar) |

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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# SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 22

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 507 Shirley St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence L Evans Ginepra
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 507 Shirley St. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community 18 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Give maiden name of wife in full) (Husband's name in full) | Frank V. Ginepra |
| 6 Age of husband or wife if alive | 49 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 45 Years — Months — Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Housewife |
| 10 Industry or Business: | Own Home |
| 11 Social Security No. | — |
| 12 BIRTHPLACE (City) (State or country) | Pittsburg Penn. |
| PARENTS 13 NAME OF FATHER | Ellsworth Evans |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Pittsburg Penn. |
| 15 MAIDEN NAME OF MOTHER | Marie Emmerich |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Germany |
| 17 Informant (Address) | Frank V. Ginepra, 507 Shirley St (Relation, if any: Husband) |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childress
(Signature of Agent of Board of Health or other)
Health Officer 1/30/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 29 (Month) (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1946, to Jan 29, 1946

I last saw h... alive on Jan 29, 1946, death is said to have occurred on the date stated above, at 4 P. m.

Immediate cause of death [illegible] accident

Due to [illegible]

Due to [illegible]

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ... Date of ...
Of autopsy ...
What test confirmed diagnosis? ...

Duration — IMPORTANT — IMPORTANT — Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? [illegible]
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] Date [illegible] 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 1 1946 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed JAN 31 1946 19 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect. extracts from the laws on back of certificate.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____

DATE OF ENTERING MILITARY SERVICE ____

DATE OF DISCHARGE ____

RANK, RATING ____

ORGANIZATION AND OUTFIT ____

SERVICE NUMBER ____

FORM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 1034 23

1 PLACE OF DEATH
(County)
(City or Town)
No. Hebrew Ladies Home for Aged St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith Katz
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 Trident Ave St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 4 days. In this community yrs. mos. 4 days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Philip Katz (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: at home

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER: Joseph A Feigon

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Leah ---

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant (Address): Son (Relation, if any )

A TRUE COPY.
ATTEST: (Registrar of city or town where death occurred)
DATE FILED Feb 1/46 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 30/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/27/46 19 , to 1/30/46 , 19
I last saw her alive on 1/30/46 , 19 , death is said to have occurred on the date stated above, at 2 a m.

| Immediate cause of death | Duration |
|---|---|
| Bronchopneumonia | 1/29/46 |
| Due to Arteriosclerosis | |
| Due to Myocarditis | ? |

Other conditions (Include pregnancy within 3 months of death)

Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) B A Udelson , M. D.
(Address) Boston Date 1/20/46

21 PLACE OF BURIAL, CREMATION OR REMOVAL Agudath Achim (Cemetery) Woburn (City or Town)
DATE OF BURIAL Jan 31 46 19

22 NAME OF FUNERAL DIRECTOR M Stanetsky
ADDRESS Boston Mass.

Received and filed FEB 4 1946 19
(Registrar of City or Town where deceased resided)

NOTE — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 24

Boston Metafund[illegible] 3/1/46

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Com., Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby GirlMorrocco
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ..........

(a) Residence. No. 124 Falcon St. St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution .......... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Famale | 18 DATE OF DEATH: ~~Ja~~ Feb (Month) 1 (Day) 1946 (Year) |
| 4 COLOR OR RACE: White | 19 I HEREBY CERTIFY, That I attended deceased from .........., 19.........., to .........., 19.......... |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | I last saw h.......... alive on .........., 19......, death is said to have occurred on the date stated above, at 6:40 p.m. |
| 5a If married, widowed, or divorced HUSBAND of .......... (Give maiden name of wife in full) (or) WIFE of .......... (Husband's name in full) | Immediate cause of death: Stillbirth |
| 6 Age of husband or wife if alive .......... years | Due to: Enencephalic head. |
| 7 IF STILLBORN, enter that fact here. Stillborn | Due to: [illegible] |
| 8 AGE .......... Years .......... Months .......... Days; If less than 1 day .......... Hours .......... Minutes | Other conditions .......... (Include pregnancy within 3 months of death) |
| 9 Usual Occupation: — | Major findings: Of operations .......... Date of .......... |
| 10 Industry or Business: — | Of autopsy .......... |
| 11 Social Security No. — | What test confirmed diagnosis? .......... |
| 12 BIRTHPLACE (City) (State or country): Winthrop [illegible] | 20 Was disease or injury in any way related to occupation of deceased? .......... If so, specify .......... |
| PARENTS — 13 NAME OF FATHER: John Morrocco | (Signed) D. D. Potito M. D. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Revere | (Address) 7 Central Sq. E.B. Date 2/2 1946 |
| 15 MAIDEN NAME OF MOTHER: Catherine Giuggio | 21 St. Michael, Boston — Place of Burial, Cremation or Removal. (City or Town) |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Salem | DATE OF BURIAL Feb. - 6 - 1946 |
| 17 Informant John Morrocco (Relation, if any: father) (Address) 124 Falcon St. East Boston | 22 NAME OF FUNERAL DIRECTOR [illegible signature] Stapino — ADDRESS 9 Chelsea Street East Boston |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. [illegible] (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 2/4/46 (Date of Issue of Permit) | Received and filed FEB 9 1946 19.......... (Registrar) |

IMPORTANT — Duration

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

[illegible] so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

---

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

---

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________________

DATE OF ENTERING MILITARY SERVICE ____________________

DATE OF DISCHARGE ____________________

RANK, RATING ____________________

ORGANIZATION AND OUTFIT ____________________

SERVICE NUMBER ____________________

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m(h)-1-41-4695

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 25

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town) Revere notified 3/5/46

No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Easley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)

(a) Residence. No. 133 Kimball Ave., St. Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years — months — days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Single |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | Stillborn |
| 8 AGE Years Months Days / If less than 1 day Hours Minutes | |
| 9 Usual Occupation: | — |
| 10 Industry or Business: | |
| 11 Social Security No. | — |
| 12 BIRTHPLACE (City) (State or country) | |
| 13 NAME OF FATHER | Lawrence Easley |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Howard, Kansas |
| 15 MAIDEN NAME OF MOTHER | Ruthe Task |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Boston, Mass. |
| 17 Informant (Address) | Mrs David Task (Grandmother), 133 Kimball Ave Revere |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/5/46 (Date of Issue of Permit)

### MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 3 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ......, 19...., to ......, 19....
I last saw h.... alive on ...... 19...., death is said to have occurred on the date stated above, at ......m.

Immediate cause of death: Stillborn

Due to: Prolapsed Cord

Due to:

Other conditions (Include pregnancy within 3 months of death)

Duration Important / Important

Major findings:
Of operations ...... Date of ......
Of autopsy: Omphalocele & absence of left kidney
What test confirmed diagnosis?

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. D. Pottito M. D.
(Address) 7 Central Sq. E B Date 2/5 1946

21 Abrahamson Cem W. Roxbury
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 4 1946

22 NAME OF FUNERAL DIRECTOR B F Solomon
ADDRESS 420 Harvard St Brookline

Received and filed FEB 6 1946

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION..........................................................................

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 26

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 108 GrandView Ave., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Herbert Smythe
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR). No

(a) Residence. No. 108 GrandView Ave., St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ~~None~~ years months days. In this community 79 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary T. Brittain (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 3 Months 23 Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Buyer

10 Industry or Business: R.H.Stearns Co.

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) East Boston Mass.

PARENTS

13 NAME OF FATHER Hugh Smythe

14 BIRTHPLACE OF FATHER (City) (State or country) St. John N. B.

15 MAIDEN NAME OF MOTHER Martha Brown

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant Mary T. Smythe (Relation, if any) (Wife
(Address) 108 GrandView Ave., Winthrop/

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 2/6/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 4 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 2, 1946, to February 4, 1946
I last saw him alive on February 3 1946 death is said to have occurred on the date stated above, at 3:30 A.m.

| | Duration |
|---|---|
| Immediate cause of death: Cirrhosis of liver with generalized edema | 1 year |
| Due to: Congestive failure | 1 month |
| Due to: Broncho-pneumonia | 4 days |
| Other conditions: none (Include pregnancy within 3 months of death) | |

IMPORTANT

Major findings: Of operations Paracentesis of abdomen (8 qts bloody fluid) Date of Jan 30/46
Of autopsy none
What test confirmed diagnosis? Clinical + lab.

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Jefferson, M.D. M. D.
(Address) 562 Shirley St. Date 2/5/ 1946

21 Mt. Hope Cemetery, Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 7 1946

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 17 Bennington St. East Boston

Received and filed FEB 9 1946 19
(Registrar)

Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered bospital medical officer shall forthwitb, after the death of a persou whom be has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of bis last illness, wben last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Cbap. 46, Sec. 9.

A physician or officer furnisbing a certificate of death as required by the preceding section or by section forty-five of chapter one bundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in whicb it has heen engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in sucb certificate both the primary and the secondary or immediate cause of deatb as nearly as he can state the same. For neglect to comply with any provision of this section, sucb physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include tbe China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or otber person shall bury or otberwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of tbe town where tbe person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or frcm one grave or tomb other than the receiving tomb to another in the same cemetery, until be has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No sucb permit shall be issued until there shall bave been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, whicb shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If deatb is caused by violence, tbe medical examiner shall make sucb certificate. If sucb a permit for the removal of a human body, not previously interred, from one town to anotber within the commonwealth cannot be obtained early enough for the purpose, tbe certificate of deatb made as above provided and in the possession of the undertaker desiring to make sucb removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six bours after sucb removal, unless a permit in the usual form for the removal of such body bas been sooner obtained bereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it aud transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within bis county tbe body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person sball bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as tbose of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health pbysicians** will certify to such deaths only as tbose of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of deatb means tbe disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at scbool or at home. For a woman whose only occupation was that of home bousework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who bad no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

M R-305

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

# COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Gloucester (City or town making return)

Registered No. 27

1 PLACE OF DEATH
Essex (County)
Gloucester (City or Town)
No. Fort Square St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Herman MacDonald (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 69 Bates Avenue St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months days. In this community yrs. mos. days. (Before death) (Specify whether) Dead on arrival at the Addison Gilbert Hospital

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary E. McCormick (Give maiden name of wife in full)
(or) WIFE of ........ (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years -- Months -- Days | If less than 1 day ....Hours ....Minutes

9 Usual Occupation: Foreman

10 Industry or Business: Construction

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Bay Fortune, Prince Edward Island

PARENTS

13 NAME OF FATHER: William MacDonald

14 BIRTHPLACE OF FATHER (City) (State or country): Fair Haven, Mass.

15 MAIDEN NAME OF MOTHER: Margaret Wheeler

16 BIRTHPLACE OF MOTHER (City) (State or country): St. Johns, N. B.

17 Informant Mrs. Mary MacDonald (Relation, if any: Wife)
(Address) 69 Bates Ave., Winthrop, Mass

A TRUE COPY
ATTEST: Allen F. Grant
(Registrar of city or town where death occurred)

DATE FILED February 5, 19 46

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 5, 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Crushed chest

20 Accident, suicide, or homicide (specify) Accident
Date of occurrence February 5, 19 46
Where did injury occur? Gloucester, Mass. (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? Industrial Place (Specify type of place)
Manner of Injury: Crushed by a 12"x12"x40' timber
Nature of Injury: immediate death
While at work? yes Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? yes
If so, specify unloading a company truck
(Signed) Ira B. Hull, M. D.
(Address) Gloucester Date 2-5-1946

22 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 8, 19 46

23 NAME OF FUNERAL DIRECTOR Kirby Bros.
ADDRESS 210 Winthrop St., Winthrop

Received and filed ........ 19....
FEB 7 1946
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

301 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 29

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 195 Bartlett Rd., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Frederick Freeman Hodgkins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 195 Bartlett Rd., St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — (Specify whether) years months days. In this community life 69 yrs. mos. days.
(Before death)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widower |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) | Annie I. Savory |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 69 Years 7 Months 25 Days; If less than 1 day: Hours Minutes |
| 9 Usual Occupation: | Garage Owner |
| 10 Industry or Business: | Central Garage |
| 11 Social Security No. | none |
| 12 BIRTHPLACE (City) (State or country) | East Boston, Mass. |
| PARENTS 13 NAME OF FATHER | Willard Hall Hodgkins |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Newburyport, Mass. |
| 15 MAIDEN NAME OF MOTHER | Mary Freeman |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Boston, Mass. |
| 17 Informant (Address) | Mrs. A. S. Tredwell, 195 Bartlett Rd. Winthrop (Relation, if any: sister) |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers Jr. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/11/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 8, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 13, 1945, to February 8, 1946. I last saw h~~im~~ alive on February 8, 1946 death is said to have occurred on the date stated above, at 3:30 P.M.

| | Duration IMPORTANT |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 4 days |
| Due to: Arteriosclerosis and hypertension. | 3 years |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Bronchopneumonia | 2 days IMPORTANT |

Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations: none. Date of
Of autopsy: none
What test confirmed diagnosis? Clinical + Laboratory

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Maurice Traunstein Jr., M. D.
(Address) 562 Shirley St. Winthrop Date Feb 9, 1946

21 Woodlawn, Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 11, 1946

22 NAME OF FUNERAL DIRECTOR L. E. Parker
ADDRESS 300 Meridian St., E. Boston

Received and filed JAN 14 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.
from the laws on back of certificate.

50m-(e)-3-43-11574

### EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
### GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 30

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 108 Brookfield Road Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J. Cummings
(If deceased is a married, widowed or divorced women, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR). World 1 yes

(a) Residence. No. 108 Brookfield Road Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ~~none~~ years months days. (Before death) (Specify whether) In this community 9 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | male |
| 4 COLOR OR RACE | white |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | married |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) | Florence Rea Cullinane |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | 44 yrs years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 56 Years 5 Months 44 Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Engineer |
| 10 Industry or Business: | New England Telephone Co |
| 11 Social Security No. | 011-07-4105 |
| 12 BIRTHPLACE (City) (State or country) | East Boston Massachusetts |
| PARENTS 13 NAME OF FATHER | Edward Cummings |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Catherine Brown |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Ireland |
| 17 Informant (Address) Relation, if any | Florence Rea Cummings, Wife; 108 Brookfield Road Winthrop |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Feb. 15 /46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 13 - 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1946, to Feb. 13, 1946, I last saw him alive on Feb 13, 1946, death is said to have occurred on the date stated above, at 2 P. m.

| | Duration |
|---|---|
| Immediate cause of death: Acute Pulmonary Edema | 1 hour |
| Due to Coronary Thrombosis | 1 Day |
| Due to Arterio Sclerosis | 1 yr. |

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) George H. Schwartz M. D.
(Address) 12 [illegible] St E.B. Date 2/14 1946

21 Holy Cross Cemetery, Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 16 1946

22 NAME OF FUNERAL DIRECTOR Richard C Kirby
ADDRESS Boston

Received and filed FEB 19 1946 (Registrar)

Write plainly, with unfading ink. Every item of information should be carefully supplied. AGE should be stated exactly. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE Enlisted Reg. Army Dec. 10, 1917 at Boston

DATE OF DISCHARGE June 21, 1919

RANK, RATING Sgt. in Med. Dept.

ORGANIZATION AND OUTFIT Med. Dept.

SERVICE NUMBER 636512

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 31

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 48 Washington Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard H. Holt
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 160 Bellingham Ave., Revere St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — (Before death) (Specify whether) years months days. In this community 52 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed
5a If married, widowed, or divorced HUSBAND of Emma B. Buckley (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive ... years
7 IF STILLBORN, enter that fact here.
8 AGE 83 Years — Months — Days. If less than 1 day ... Hours ... Minutes
9 Usual Occupation: Retired Boat Livery
10 Industry or Business: Self
11 Social Security No. none
12 BIRTHPLACE (City) West Alexandria (State or country) Ohio

PARENTS
13 NAME OF FATHER Rufus Holt
14 BIRTHPLACE OF FATHER (City) (State or country) Ohio
15 MAIDEN NAME OF MOTHER Katherine Kelley
16 BIRTHPLACE OF MOTHER (City) (State or country) Ohio

17 Informant Mr. Richard Holt Relation if any son
(Address) 178 Bellingham Ave Revere, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D. Childs, Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/15/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 13, (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1946, to Feb. 13, 1946
I last saw him alive on Feb 12, 1946 death is said to have occurred on the date stated above, at 3.30 A.m.

Immediate cause of death Carcinoma of Colon — Duration Est 1 year
Due to —
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations none
Date of — Of autopsy —
What test confirmed diagnosis? Clinical Signs

IMPORTANT
IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Brien M. D.
(Address) Winthrop Date Feb 14 1946

21 Glenwood Cemetery, Everett Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 15, 1946

22 NAME OF FUNERAL DIRECTOR Edith M. Merwin
ADDRESS 305 Beach St., Revere, Mass

Received and filed FEB 19 1946 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
extracts from the laws on back of certificate.
100M-6-2-42-8855

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, he deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**SPACE FOR ADDITIONAL INFORMATION** ..........................................

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FORM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 1499 32

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Children's Hospt St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jacqueline M StPierre (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) ......

(a) Residence. No. 76 Bellevieu Ave St. Winthrop Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution ...... (Before death) (Specify whether) years months 2 days. in this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: F / 4 COLOR OR RACE: W / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: Feb. 13/46 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of ...... (Give maiden name of wife in full) (or) WIFE of ...... (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1946, to Feb. 13, 19 46 I last saw her alive on Feb/13/46, 19..., death is said to have occurred on the date stated above, at 6:20AM m. |
| 6 Age of husband or wife if alive ...... years | Immediate cause of death: Meningitis myelomyocele (Duration ......) |
| 7 IF STILLBORN, enter that fact here. | Due to: Congenital anomaly |
| 8 AGE ... Years ... Months 2 ... Days / If less than 1 day ... Hours ... Minutes | Due to ...... |
| 9 Usual Occupation: ----- | Other conditions ...... (Include pregnancy within 3 months of death) |
| 10 Industry or Business: ...... | Major findings: Of operations ...... Date of ...... |
| 11 Social Security No. ...... | Of autopsy ...... |
| 12 BIRTHPLACE (City) (State or country): Winthrop Mass. | What test confirmed diagnosis? ...... |
| PARENTS — 13 NAME OF FATHER: Elphie J StPierre | Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Brockton Mass. | 20 Was disease or injury in any way related to occupation of deceased? ...... If so, specify ...... |
| 15 MAIDEN NAME OF MOTHER: Florence Donahue | (Signed) F Leonard, M. D. |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass. | (Address) 300 Longwood Ave Date 2-13 19 46 |
| 17 Informant (Address): Father ( Relation, if any ...... ) | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop Cem-Winthrop Mass (Cemetery) (City or Town) DATE OF BURIAL: Feb. 15/46 19... |
| A TRUE COPY. ATTEST: [signature] (Registrar of city or town where death occurred) | 22 NAME OF FUNERAL DIRECTOR: J F O'Maley ADDRESS: Winthrop Mass. |
| DATE FILED: Feb. 15/46 19... | Received and filed MAR 11 1946 19... (Registrar of City or Town where deceased resided) |

50m-(b)-6-44-14607

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 33

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 31 Belcher St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hannah A. Dunn Doherty
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 31 Belcher St., St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution — years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of George Doherty (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years Months Days. If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. —

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Walter Dunn

14 BIRTHPLACE OF FATHER (City) Halifax
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Jane Flynn

16 BIRTHPLACE OF MOTHER (City) Dublin
(State or country) Ireland

17 Informant Katherine Brennan (Relation, if any Friend)
(Address) 28 Thornton St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Feb 15/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 14 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1946, to Feb. 14, 1946
I last saw her alive on Feb. 12, 1946 death is said to have occurred on the date stated above, at 8 A.m.

Duration

Immediate cause of death Coronary Embolism

IMPORTANT

Due to Arteriosclerosis

Due to myocarditis

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible signature], M. D.
(Address) Washington [illegible] Date 2-14-1946

21 Holy Cross Malden, Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 16, 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Mealey
ADDRESS Winthrop Mass

Received and filed ... 19
FEB 20 1946 (Registrar)

Extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect. ... is very important. See instructions ...

100m-(g)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 34

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 33 Tewksbury Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine M. Danahy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 33 Tewksbury Street St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution --- years - months - days -- (Before death) (Specify whether) In this community 1 yrs. 6 mos. - days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: female; 4 COLOR OR RACE: white; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single | 18 DATE OF DEATH: February (Month) 15 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of ....... (Give maiden name of wife in full) (or) WIFE of ....... (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from January 29, 1946, to February 15, 1946. I last saw her alive on February 14, 1946 death is said to have occurred on the date stated above, at 6:20 A.m. |
| 6 Age of husband or wife if alive ....... years | Immediate cause of death: Cerebral Hemorrhage — Duration: 24 hours |
| 7 IF STILLBORN, enter that fact here. | Due to Arteriosclerosis and Hypertension — 2 years |
| 8 AGE 77 Years -- Months -- Days. If less than 1 day ....... Hours ....... Minutes | Due to ....... |
| 9 Usual Occupation: at home | Other conditions (Include pregnancy within 3 months of death): Chronic hypertrophic arthritis — 5 years. |
| 10 Industry or Business: Retired | Major findings: Of operations: None. Date of ....... |
| 11 Social Security No. None | Of autopsy: None |
| 12 BIRTHPLACE (City) (State or country): Lowell, Mass. | What test confirmed diagnosis? Clinical + laboratory |
| PARENTS — 13 NAME OF FATHER: John J. Danahy | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify ....... |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Ireland | (Signed) Maurice Traunstein Jr. M. D. |
| 15 MAIDEN NAME OF MOTHER: Mary Gorman | (Address) 567 Shirley St. Winthrop. Date Feb 15, 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland | 21 New Calvary, Boston — Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL February 18 1946 |
| 17 Informant: Miss Anna Danahy (Relation, if any: sister) (Address) 33 Tewksbury St., Winthrop | 22 NAME OF FUNERAL DIRECTOR: T. J. Mahoney & Sons. ADDRESS 644 Dudley Street Rox. Mass |

Duration — IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) — Feb. 15/46 (Date of Issue of Permit)

Received and filed FEB 19 1946 (Registrar)

...Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or hy section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, he deemed to have taken place hetween February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died hy violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the hody lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall hury a human hody or the ashes thereof which have heen hrought into the commonwealth until he has received a permit so to do from the hoard of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to he huried or the funeral is to be held, or from a person appointed to have the care of the cemetery or hurial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morhid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can he known. Make some entry in this section for every person aged 10 years or over. If the occupation had heen given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may he returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 35

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Cliff Ave., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia L. Kohler
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 17 Irwin St., St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 30 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER Joseph Kohler

14 BIRTHPLACE OF FATHER (City) (State or country) unable to obtain ~~not known~~

15 MAIDEN NAME OF MOTHER Ansistasia Kast

16 BIRTHPLACE OF MOTHER (City) (State or country) unable to obtain ~~not known~~

17 Informant Helen Kohler (Relation, if any: Sister)
(Address) 17 Irwin St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/18/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 15 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1, 1945, to February 15, 1946
I last saw her alive on February 15, 1946 death is said to have occurred on the date stated above, at 4:45 P.m.

Immediate cause of death: Cerebral Embolism — Duration: 6 days.

IMPORTANT

Due to arteriosclerotic + Hypertensive heart disease with auricular fibrillation — 10 months
auricular fibrillation

Due to

Other conditions arteriosclerotic gangrene left leg - 6 days.
(Include pregnancy within 3 months of death)

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings: Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? Clinical + Laboratory

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Maurice T. Faunstein Jr. M. D.
(Address) 562 Shirley St. Winthrop Date 2/18 1946

21 Holyhood Brookline Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 19, 1946

22 NAME OF FUNERAL DIRECTOR Richard H. White
ADDRESS 147 Winthrop St., Winthrp

Received and filed FEB 19 1946 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(1)-1-44-13634

EXTRACTS FROM THE LAWS OF THE
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GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

FORM R-301

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m(h)-1-41-4695

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 36

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Shea
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)

(a) Residence. No. 45 Thurlow Ave. Revere, Mass. St. (If nonresident, give city or town and State)
(Usual place of abode)
Length of stay: In hospital or institution 2mon. 3 days years months days. In this community 50 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female | 18 DATE OF DEATH: February 17, 1946 |
| 4 COLOR OR RACE: White | |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | |

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of David S. Shea (Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: Household

11 Social Security No.

12 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Emil Henry

14 BIRTHPLACE OF FATHER (City) (State or country) France

15 MAIDEN NAME OF MOTHER Eva Tedfard

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant David S. Shea Relation, if any (Husband)
(Address) 45 Thurlow Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 2/19/46
(Official Designation) (Date of Issue of Permit)

19 I HEREBY CERTIFY, That I attended deceased from December 14, 1945, to February 17, 1946
I last saw her alive on February 17, 1946, death is said to have occurred on the date stated above, at 3 40 p. m.

| | Duration Important |
|---|---|
| Immediate cause of death: Carcinomatosis | 2 months |
| Due to: Malignant melanoma of left foot | 6 months |
| Due to | |
| Other conditions: None. (Include pregnancy within 3 months of death) | Important |

Major findings:
Of operations: Malignant melanoma of left foot Date of Sept. 1945
Of autopsy: None.
What test confirmed diagnosis: Clinical & Laboratory

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice Traunstein Jr., M. D.
(Address) 562 Shirley St, Winthrop Date 2/17 1946

21 St. Joseph Lynn
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 20 1946

22 NAME OF FUNERAL DIRECTOR R. J. DeNeill
ADDRESS Revere

Received and filed FEB 27 1946 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also **deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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**SPACE FOR ADDITIONAL INFORMATION**..................................................

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M R-301

N.B.—WRITE PLAINLY... Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 37

1 PLACE OF DEATH
(County) Boston matfield 3/5/46
(City or Town) Winthrop
No. Winthrop Comm. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Diutsh (Twin #2)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR) ——

(a) Residence. No. 11 Pleasanton St. St. Rox, ——
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) ——— (Specify whether) years months days. 2 hrs. 3 min. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here. /

8 AGE ... Years ... Months ... Days | If less than 1 day 2 Hours 3 Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Winthrop Mass.

PARENTS

13 NAME OF FATHER Morton Diutsh

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass

15 MAIDEN NAME OF MOTHER Lena Rosenblatt

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass

17 Informant Morton Diutsh Relation, if any (Father)
(Address) 19 Pleasanton St. Rox

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent (Official Designation) Feb. 22/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 20 (Day), 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1946 to Feb 20 1946

I last saw him alive on Feb 20. 1946 death is said to have occurred on the date stated above, at 7:30 p.m.

Immediate cause of death Prematurity (24 weeks) — Duration Important

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) — Important

Major findings:
Of operations ... Date of
Of autopsy —
What test confirmed diagnosis? Clinical findings

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) [illegible] M. D.
(Address) [illegible] Date 2/21 1946

21 Workmens Circle W. Rox.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Feb. 22, 1946

22 NAME OF FUNERAL DIRECTOR Manuel Slaeotsky
ADDRESS 10 Washington St. Dor.

Received and filed ... 19 ...

A TRUE COPY ATTEST: FEB 25 1946 (Registrar)

100m(h)-1-41-4695

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION........................................................................

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 38

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 212 Woodside Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward L. Lane
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ........

(a) Residence. No. 212 Woodside Ave St. ........ (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 26 yrs. mos. days. (Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Male | 4 COLOR OR RACE: White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) | Christine M Webster |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | 52 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 51 Years — Months — Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation | Starter |
| 10 Industry or Business | Boston Elevated |
| 11 Social Security No. | — |
| 12 BIRTHPLACE (City) (State or country) | East Boston |
| 13 NAME OF FATHER | Cornelius Lane |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | East Boston |
| 15 MAIDEN NAME OF MOTHER | Annie Rothwell |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | South Boston |
| 17 Informant (Address) | Mrs Edward L Lane (Relation, if any: wife) |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
agent (Official Designation) Feb. 25/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH | Feb. (Month) 22 (Day) 1946 (Year) |
| 19 I HEREBY CERTIFY, That I attended deceased from ........, 19...., to ........, 19....; I last saw h.... alive on ........, 19...., death is said to have occurred on the date stated above, at ........ m. | |
| Immediate cause of death | Coronary Infarct |
| Due to | M. C. [illegible] insufficiency |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ........ Date of ........ | |
| Of autopsy ........ | |
| What test confirmed diagnosis? ........ | |

Duration
IMPORTANT
IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ........
If so, specify........
(Signed) Charles F. [illegible] M. D.
(Address) Board of Health Date 2-23-1946

21 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Feb 25 1946

22 NAME OF FUNERAL DIRECTOR Haley Bros
ADDRESS 210 Winthrop St Winthrop

Received and filed ........ 19....
FEB 27 1946
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

FORM R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Chelsea (City or town making return)

Registered No. 104 39

1 PLACE OF DEATH
- Suffolk (County)
- Chelsea (City or Town)
- No. Soldiers' Home Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles P. Sliney (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) SA War

(a) Residence. No. 22 Deal St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) hosp. (Specify whether) 8 years 8 months days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full): Helen O'Neill

6 Age of husband or wife if alive: 37 years

7 IF STILLBORN, enter that fact here.

8 AGE: 71 Years 5 Months 14 Days. If less than 1 day ... Hrs. ... Minutes

9 Usual Occupation: State Supt. of Pub. Documents

10 Industry or Business: Comm. of Mass.

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Boston, Mass.

PARENTS

13 NAME OF FATHER: James

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Mary Given

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant (Address): Hosp. Records, Soldiers' Home Hosp. Chelsea. Relation, if any ( )

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Feb. 23, 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 15, 1945, to Feb. 23, 1946, I last saw him alive on Feb. 23, 1946, death is said to have occurred on the date stated above, at 2:10 A.m.

| Immediate cause of death | Duration |
| --- | --- |
| Hypertensive heart disease | few yr |
| Auricular fibrillation | ? |
| Due to Chronic nephritis | |
| Due to | |

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ... Date of ...

Of autopsy

What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. Roubley, M.D.

(Address) Soldiers' Home. Date 2/23, 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop Cem. Winthrop, Mass. (Cemetery) (City or Town)

DATE OF BURIAL: Feb. 26, 1946

22 NAME OF FUNERAL DIRECTOR: Kirby Bros.
ADDRESS: Winthrop, Mass.

A TRUE COPY.
ATTEST: Joseph A. Tyrrell
(Registrar of city or town where death occurred)

DATE FILED 2/23/46

Received and filed MAR 11 1946
(Registrar of City or Town where deceased resid[illegible])

WRITE PLAINLY [illegible] Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

Enlisted S.W. 5/4/98
" W.W.I 8/13/17
Discharged S.W. 11/25/98
WW.I 7/12/20

Rank S.W. Cpl. Organization Co.A.9th Regt. Vols.Mass.
WWI 1st Lt. " Q.M.C.

M R-301

(Left margin, printed vertically:) ...mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m(h)-1-41-4695

**The Commonwealth of Massachusetts**
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 40

1 PLACE OF DEATH
Suffolk (County) Revere modified 3/15/46
Winthrop (City or Town)
No. Winthrop Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wendell P. Murray
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)

(a) Residence. No. 174 Bradstreet Ave St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years 1 months 5 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Martina A. Murphy (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 6 Months 14 Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Lawyer

10 Industry or Business: —

11 Social Security No.

12 BIRTHPLACE (City) Newcastle (State or country) New Brunswick

PARENTS

13 NAME OF FATHER Wm. A. Murray

14 BIRTHPLACE OF FATHER (City) (State or country) Scotland

15 MAIDEN NAME OF MOTHER Mary Mosher

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant Edmund A. Murray (Son) Relation, if any
(Address) 39 Amherst St., Wellesley

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress M.D. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/28/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 27 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec ..., 19.., to Feb 27, 19..
I last saw h... alive on Feb 27 1946, death is said to have occurred on the date stated above, at ... m.

Immediate cause of death [illegible] — Duration Important
Due to Cerebral [illegible]
Due to

Other conditions (Include pregnancy within 3 months of death.) — Important

Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] St. Revere Date 2/.. 1946

21 Knollwood Cemetery Canton Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 2 1946

22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Sons
ADDRESS Boston Mass

Received and filed MAR 4 1946 19...

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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SPACE FOR ADDITIONAL INFORMATION........................................................................

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R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Tewksbury State Hospital and Infirmary
(City or town making return)

Registered No. 29 41

1 PLACE OF DEATH
Middlesex (County)
Tewksbury, Mass. (City or Town)
No. Tewksbury State Hospital and Infirmary St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles F. Cammall
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) Yes World War I

(a) Residence. No. 7 Beacon St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months 27 days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of Hannah Ring (Give maiden name of wife in full)
(or) WIFE of ........ (Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 9 Months 21 Days | If less than 1 day ...Hours ...Minutes

9 Usual Occupation: Printer

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER William Cammall

14 BIRTHPLACE OF FATHER (City) Calais
(State or country) Maine

15 MAIDEN NAME OF MOTHER Mary Rogers

16 BIRTHPLACE OF MOTHER (City) Calais
(State or country) Maine

17 Informant Hospital Records (Relation, if any ........)
(Address)

A TRUE COPY. ATTEST: C. Winthrop Houghton M.D. Supt.
(Registrar of city or town where death occurred)

DATE FILED February 2, 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 2 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1946, to Feb. 2, 1946
I last saw him alive on Feb. 2, 1946, death is said to have occurred on the date stated above, at 5:15 P. m.

Immediate cause of death — Duration
Cerebral Hemorrhage — 4 days

Due to

Due to

Other conditions Aortic Insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations ........ Date of ........
Of autopsy
What test confirmed diagnosis? Clinical

Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ........
If so, specify ........
(Signed) J. Jeffrey Higgs, M. D.
(Address) T. S. H. and I., Tewksbury Date 2/3 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem., Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL February 5, 1946

22 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS Winthrop, Mass.

Received and filed APR 6 1946 19
(Registrar of City or Town where deceased resided)

25M-(f)-11-42 10746

...of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 1892 42

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Enroute to Mass. General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benjamin D Smith (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) ..........

(a) Residence. No. 117 Revere St St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution .......... years months days. In this community 45 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | M |
| 4 COLOR OR RACE | W |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) | Helen Huse |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | 58 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 59 Years ..... Months ..... Days; If less than 1 day ..... Hours ..... Minutes |
| 9 Usual Occupation: | Stock Clerk |
| 10 Industry or Business: | Mill |
| 11 Social Security No. | 029-09-4216 |
| 12 BIRTHPLACE (City) (State or country) | East Boston Mass |
| PARENTS: 13 NAME OF FATHER | William Smith |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Boston Mass. |
| 15 MAIDEN NAME OF MOTHER | Rose Doane |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Nova Scotia |
| 17 Informant (Address) | Wife (Relation, if any ..........) |

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)
DATE FILED Feb.27/46 19

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH (Month) (Day) (Year) | Feb. 22/46 |
| 19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) | Pulmonary carcinoma with metastases |
| 20 Accident, suicide, or homicide (specify) | |
| Date of occurrence .......... 19 | |
| Where did injury occur? (City or town and State) | |
| Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place) | |
| Manner of Injury | Collapsed while in ambulance |
| Nature of Injury | enroute to hospital |
| While at work? .......... Was there an autopsy? | No |
| 21 Was disease or injury in any way related to occupation of deceased? If so, specify | |
| (Signed) | W J Brickley, M. D. |
| (Address) | Boston Mass Date 2-22 1946 |
| 22 Place of Burial, Cremation or Removal (City or Town) | Winthrop Cem-Winthrop Mass. |
| DATE OF BURIAL | Feb/25/46 19 |
| 23 NAME OF FUNERAL DIRECTOR | R H White |
| ADDRESS | Winthrop Mass. |
| Received and filed .......... 19 | MAR 29 1946 |

(Registrar of City or Town where deceased resided)

If deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Tewksbury State Hospital and Infirmary (City or town making return)

Registered No. 66 44

1 PLACE OF DEATH
Middlesex (County)
Tewksbury, Mass. (City or Town)
No. Tewksbury State Hospital and Infirmary St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John P. Pratt (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) Not learned

(a) Residence. No. 66 Cliff St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years ........ months 2 days. In this community ........ yrs. ........ mos. ........ days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Nora N. (not learned) (Give maiden name of wife in full)
(or) WIFE of ........ (Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years 8 Months 1 Days. If less than 1 day ........ Hours ........ Minutes

9 Usual Occupation: Attendant

10 Industry or Business: Hospital

11 Social Security No. None

12 BIRTHPLACE (City) Somerville (State or country) Mass.

PARENTS

13 NAME OF FATHER Richard Pratt

14 BIRTHPLACE OF FATHER (City) Not learned (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Healy

16 BIRTHPLACE OF MOTHER (City) Not learned (State or country) Ireland

17 Informant Hospital Records (Address) (Relation, if any ........)

A TRUE COPY ATTEST: C. Winthrop Houghton Supt.
(Registrar of city or town where death occurred)

DATE FILED February 27, 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 27 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1946, to Feb. 27, 1946

I last saw him alive on Feb. 27, 1946, death is said to have occurred on the date stated above, at 6:25 A. m.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | 31 hrs. |
| Due to | |
| Due to | |
| Other conditions Essential Hypertension (Include pregnancy within 3 months of death) | Unk. |

Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations ........ Date of ........
Of autopsy ........
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? ........
If so, specify ........
(Signed) N. E. Svibergson, M. D.
(Address) T. S. H. and I., Tewksbury Date 2/27 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or Town)
DATE OF BURIAL March 1, 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Mass.

Received and filed APR 6 1946 19....
(Registrar of City or Town where deceased resided)

25M-(f)-11-42 10746

301 A

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 105 Sunnyside Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 45

2 FULL NAME Sarah Gaddis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence, No. 105 Sunnyside Ave St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community 40 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: March (Month) 1 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of David J. Gaddis (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from February 11, 1946, to March 1, 1946. I last saw her alive on February 27 1946 death is said to have occurred on the date stated above, at 7²⁰ P.m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: Acute Coronary thrombosis — Duration: 10 minutes. |
| 7 IF STILLBORN, enter that fact here. | Due to Angina pectoris — 3 years. |
| 8 AGE 78 Years 2 Months 4 Days · If less than 1 day ... Hours ... Minutes | Due to Arteriosclerosis — 5 years. |
| 9 Usual Occupation: at home | Other conditions: none (Include pregnancy within 3 months of death) |
| 10 Industry or Business: — | Major findings: Of operations: none. Date of ... |
| 11 Social Security No. none | Of autopsy: none |
| 12 BIRTHPLACE (City) (State or country): Belfast Ireland | What test confirmed diagnosis? Clinical + Laboratory |
| PARENTS 13 NAME OF FATHER: John Dixon | IMPORTANT Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Ireland | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify |
| 15 MAIDEN NAME OF MOTHER: unable to obtain · unknown | (Signed) Maurice Traunstein Jr. M. D. (Address) 562 Shirley St. Winthrop Date 3/2 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): " " | 21 Mt Pleasant Arlington Mass. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL March 4 1946 |
| 17 Informant Mrs H. H. Gilbert (Address) 165 Sunnyside Ave · Relation, if any (daughter) | 22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh · ADDRESS 174 Winthrop St |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress M.D. (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 3/4/46 (Date of Issue of Permit) | Received and filed MAR 5 1946 19... (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(i)-1-44-13634

EXTRACTS FROM THE LAWS OF THE

# COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 46

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Edward Reed
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 363 Pleasant St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital (Specify whether) (Before death) years months 1 days. In this community 8 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Dorothy Adelaide Daley (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 31 years

7 IF STILLBORN, enter that fact here.

8 AGE 35 Years 2 Months 7 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: school teacher

10 Industry or Business: Winthrop school Dept

11 Social Security No. none

12 BIRTHPLACE (City) Chelsea (State or country) Mass

PARENTS

13 NAME OF FATHER Fred Percy Reed

14 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass

15 MAIDEN NAME OF MOTHER Annie May Griffin

16 BIRTHPLACE OF MOTHER (City) E. Boston (State or country) Mass

17 Informant Mrs F. E. Reed (Relation, if any wife)
(Address) 363 Pleasant St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childs
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/5/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 3 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 2 1946, to March 3, 1946
I last saw him alive on March 2, 1946, death is said to have occurred on the date stated above, at 6.14 A. m.

Immediate cause of death | Duration
IMPORTANT
Due to Cerebral Hemorrhage 18 hrs
Due to med Ex waived jurisdiction
Other conditions (Include pregnancy within 3 months of death)
IMPORTANT

Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. Mahoney M. D.
(Address) 4 Washington Date 3/4/46

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 5, 1946

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed MAR 5 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(i)-1-44-13634

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwitb, after the death of a person whom he has attended during bis last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and tbe date of his death . . . Gen. Laws, Cbap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chaptcr one bundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in whicb it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both thc primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, sucb physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, tbe word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen bundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or otber person shall bury or otherwise dispose of a buman body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same ccmetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where tbe body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, tbe certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within tbirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the deatb certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital sball appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person sball bury a human body or the asbes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of tbese laws calls for the observance of tbe following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose pbysician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of deatb means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, astbenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of tbe principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased bad retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—botel, etc. For a person who bad no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
# COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 22417

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred Wier
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 583 Shirley St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ... years months days. In this community 5 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Katherine Schroeder
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Machinist

10 Industry or Business: Machine Shop

11 Social Security No. 048-09-2262

12 BIRTHPLACE (City) Newton
(State or country) Mass

PARENTS

13 NAME OF FATHER Winifred Wier

14 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Kitty Withrow

16 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

17 Informant ... (Relation, if any Wife)
(Address)

A TRUE COPY
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED Mar 8 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 4 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Carbon tetrachloride poisoning
Self ingested: alcoholism
Manner to be determined

20 Accident, suicide, or homicide (specify)
Date of occurrence Mar 2 1946
Where did injury occur? ? X X
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? ?
(Specify type of place)
Manner of Injury
Nature of Injury
While at work? ... Was there an autopsy? Yes

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W J Brickley, M. D.
(Address) Boston Date 3/4 1946

22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Mar 7 1946

23 NAME OF FUNERAL DIRECTOR R H White
ADDRESS Winthrop

Received and filed APR 3 1946
(Registrar of City or Town where deceased resided)

(Unless ... at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 48

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 127 Cottage Pk. Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Vesce
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 127 Cottage Park Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months days. In this community 75 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widower

5a If married, widowed, or divorced HUSBAND of Teresa Astrella
(Give maiden name of wife in full) astrella
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. —

8 AGE 86 Years 1 Months — Days. If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: Liquor Dealer

10 Industry or Business: Liquors-Soft Drinks

11 Social Security No. 019-12-9021

12 BIRTHPLACE (City) (State or country) Province of Avellino Italy

PARENTS

13 NAME OF FATHER Giuseppe Vesce

14 BIRTHPLACE OF FATHER (City) (State or country) Province of Avellino Italy

15 MAIDEN NAME OF MOTHER Giovanna Piscopo

16 BIRTHPLACE OF MOTHER (City) (State or country) Province of Avellino Italy

17 Informant Joseph Vesce Relation, if any Son
(Address) 1127 Saratoga St. E. Bos.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 3/8/46
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH March (Month) 6 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 1925 to March 6, 1946.
I last saw him alive on March 5, 1946 death is said to have occurred on the date stated above, at 2:10 A.m.

Immediate cause of death (2) Arterio sclerosis, peripheral vascular sclerosis (1) Bronchopneumonia — Duration: 4 Days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ........ Date of
Of autopsy
What test confirmed diagnosis? Physical exam

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) William Parker Bachau M. D.
(Address) 270 Commonwealth Date Mch 7 1946

21 Winthrop Cemetery at Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Mar. 8, 1946

22 NAME OF FUNERAL DIRECTOR M. S. Caggiano
ADDRESS 978 Saratoga St. E. Boston

Received and filed MAR 11 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE ______________________

DATE OF DISCHARGE ______________________

RANK, RATING ______________________

ORGANIZATION AND OUTFIT ______________________

SERVICE NUMBER ______________________

R-302

SUFFOLK BOSTON (County)

1 PLACE OF DEATH (City or Town)

No. Mass.General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
# COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 2332 49

2 FULL NAME Patrick J Markey (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 138 Main St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ... years months 11 days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | M |
| 4 COLOR OR RACE | W |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Single |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 76 Years ... Months ... Days; If less than 1 day ... Hours ... Minutes | |
| 9 Usual Occupation: | Nickle Plater |
| 10 Industry or Business: | Plating |
| 11 Social Security No. | 011-20-6751 |
| 12 BIRTHPLACE (City) (State or country) | East Boston Mass. |
| PARENTS — 13 NAME OF FATHER | Patrick Markey |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Cecelia Terrell |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Ireland |
| 17 Informant (Address) | Mary Markey (Relation, if any Sister) |

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)
DATE FILED March 11 1946

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 7/46 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb/25/46 19... to March 7/46 19...
I last saw him alive on March 7, 1946, death is said to have occurred on the date stated above, at 1;35P m.

| | Duration |
|---|---|
| Immediate cause of death Coronary occlusion | ½ Hour |
| Due to Cirrhosis of the liver | |
| xxxx Carcinoma of prostate | (3 Days) |
| Other conditions Femoral phlebothrombosis (Include pregnancy within 3 months of death) | |

Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations Circumcision, Femoral vein ligation Date of 2-25 & 3-7-45
Of autopsy
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C L Clay M. D.
(Address) Mass/General Hospt Date 3-7 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross-Malden Mass. (Cemetery) (City or Town)
DATE OF BURIAL March 11/46 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop Mass.

Received and filed APR 2 1946 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the month which received ... (See Chap. 46, Sec. 12, G. L.) of the city or town in which the deceased resided.

50m-(b)-6-44-14607

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registered No. 50

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Brainard Withem (Annie Williams)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)

(a) Residence. No. 104 Highland Ave. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) ? (Specify whether) - years - months 8 days. In this community 25 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James W. Withem (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 5 Months 6 Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No. –

12 BIRTHPLACE (City) (State or country) Boston, Mass

PARENTS
13 NAME OF FATHER James Williams
14 BIRTHPLACE OF FATHER (City) (State or country) England
15 MAIDEN NAME OF MOTHER Margelia Seaver
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass

17 Informant Walter Seaver (Relation, if any: Cousin)
(Address) Hotel Lenox, Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/9/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) ninth (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1946, to Mar. 9th., 1946.
I last saw her alive on Mar. 8th. 1946, death is said to have occurred on the date stated above, at 8:35 A.m.

Immediate cause of death Lobar Pneumonia — Duration Important: 9 days
Due to
Due to
Other conditions Hypochromic anemia. (Include pregnancy within 3 months of death) — Important

Major findings:
Of operations No operation
Date of
Of autopsy None
What test confirmed diagnosis? Clinical

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lydia W. Dickinson, M. D.
(Address) Winthrop, Mass. Date Mar. 9 1946

21 Woodlawn Cem. Everett, Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 11 1946

22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Sons Inc.
ADDRESS 497 Commonwealth Ave. Boston Mass

Received and filed MAR 11 1946 19

A TRUE COPY ATTEST: (Registrar)

100m(h)-1-41-4695

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

**SPACE FOR ADDITIONAL INFORMATION**........................................

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............................................................................................

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1301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 51

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 149 River Road, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Solomon Freedman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 149 River Road, St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution — years months days. In this community 17 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) | Sophie Markowitz |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | 37 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 50 Years Months Days; If less than 1 day Hours Minutes |
| 9 Usual Occupation | Mfg of Table Tops |
| 10 Industry or Business | for himself |
| 11 Social Security No. | none |
| 12 BIRTHPLACE (City) (State or country) | Russia |
| 13 NAME OF FATHER | Raphael Freedman |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Russia |
| 15 MAIDEN NAME OF MOTHER | Fannie (cannot be learned) |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Russia |
| 17 Informant (Address) | Sophie Freedman, 149 River Road, Winthrop; Relation, if any (Wife) |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent — Mar. 10/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 10 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ........, 19...., to ........, 19....
I last saw h.... alive on ........, 19...., death is said to have occurred on the date stated above, at 3.22 P m. (3.22)

Immediate cause of death: Chr. nephritis
Due to: [illegible]
Due to: [illegible]
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ...... Date of ......
Of autopsy
What test confirmed diagnosis?

Duration — IMPORTANT — IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible] M. D.
(Address) 4 Washington [illegible] Date 3-10-1946

21 Adath Jeshurun [illegible] — W. Rox.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 11, 1946

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St. Dorchester

Received and filed MAR 11 1946, 19....
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and

100m-(g)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
## GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 52

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis Harold Masselink
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)

(a) Residence. No. 140 Somerset Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 21 days. In this community 10 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Divorced | 18 DATE OF DEATH: March (Month) 12, (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) | 19 I HEREBY CERTIFY, That I attended deceased from February 21, 1946, to March 12, 1946 |
| (or) WIFE of (Husband's name in full) | I last saw him alive on March 12, 1946 death is said to have occurred on the date stated above, at 8:50 P. m. |
| 6 Age of husband or wife if alive years | Immediate cause of death Cirrhosis of Liver — Duration Important: 3 months |
| 7 IF STILLBORN, enter that fact here. | Due to Bronchopneumonia — 2 days |
| 8 AGE 42 Years 10 Months 29 Days; If less than 1 day Hours Minutes | Due to |
| 9 Usual Occupation: Sales Manager | Other conditions None (Include pregnancy within 3 months of death) — Important |
| 10 Industry or Business: Vegetable Parchment | Major findings: Of operations None. Date of |
| 11 Social Security No. 368-63-0107 | Of autopsy None |
| 12 BIRTHPLACE (City) Kalamazoo (State or country) Michigan | What test confirmed diagnosis? Clinical & Laboratory |
| PARENTS: 13 NAME OF FATHER Benjamine H Masselink | PHYSICIAN: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Michigan | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify |
| 15 MAIDEN NAME OF MOTHER Senie Welandt | (Signed) Maurice Traunstein Jr., M. D. |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) Netherlands | (Address) 562 Shirley St, Winthrop, Mass. Date Mar. 12, 1946 |
| 17 Informant Senie Masselink Relation, if any (Mother) (Address) 119 W. Vine ST. Kalamazoo, Mic. | 21 Riverside Kalamazoo, Mich. Place of Burial, Cremation or Removal. (City or Town) |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: | DATE OF BURIAL March 16 1946 |
| Wm. D. Caldrey (Signature of Agent of Board of Health or other) | 22 NAME OF FUNERAL DIRECTOR Howard S Reynolds; ADDRESS Winthrop Mass. |
| Health Officer (Official Designation) 3/13/46 (Date of Issue of Permit) | Received and filed MAR 13 1946 19 |
| | A TRUE COPY ATTEST: (Registrar) |

100m(b)-1-41-4695

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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SPACE FOR ADDITIONAL INFORMATION............................................................

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FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m(h)-1-41-4695

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 53

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clyde Denison Moulton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)

(a) Residence. No. 27 Pleasant Park Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years 4 months 13 days. In this community 38 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of Leona Wiley
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 9 Months 7 Days. If less than 1 day Hours Minutes

9 Usual Occupation: Salesman Shipper

10 Industry or Business: Rubber Co.

11 Social Security No. 012 - 12 - 7365

12 BIRTHPLACE (City) East Randolph
(State or country) Vermont

PARENTS

13 NAME OF FATHER Daniel Moulton

14 BIRTHPLACE OF FATHER (City)
(State or country) Vermont

15 MAIDEN NAME OF MOTHER Martha Plumley

16 BIRTHPLACE OF MOTHER (City)
(State or country) Vermont

17 Informant Wiley Moulton (Relation, if any: Son)
(Address) 27 Pleasant Park Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childs ?
(Signature of Agent of Board of Health or other)
Health Officer 3/15/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 14, (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 4, 1945, to March 14, 1946
I last saw him alive on March 13 1946 death is said to have occurred on the date stated above, at 5:25 A.m.

Immediate cause of death Uremia — Duration Important: 3 days

Due to Hypertrophy of the Prostate with obstruction — 1 year

Due to

Other conditions Arteriosclerotic heart disease — Important
(Include pregnancy within 3 months of death)
Arteriosclerosis
Chronic Bronchitis

Major findings:
Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? Clinical + Laboratory

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice Traunstein Jr., M. D.
(Address) 562 Shirley St. Winthrop, Mass. Date March 14, 1946

21 East Randolph East Randolph Vermont
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 17 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed MAR 19 1946 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

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SPACE FOR ADDITIONAL INFORMATION..........................................................................

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R-301 A

Boston notified 4/15/46

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 54

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Wintrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl D'Amato
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 453 Frankfort St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 5 days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE ... Years ... Months 5 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Winthrop, Mass.

PARENTS
13 NAME OF FATHER Henry D(Amato
14 BIRTHPLACE OF FATHER (City) (State or country) Bpston Mass.
15 MAIDEN NAME OF MOTHER Theresa Saccaro
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass.

17 Informant Henry D(Amato (Relation, if any: father)
(Address) 453 Frankfort St. E.Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childs
(Signature of Agent of Board of Health or other)
Health Officer — 3/19/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar. (Month) 17 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar 12, 1946, to Mar 17, 1946
I last saw h er alive on Mar 16, 1946 death is said to have occurred on the date stated above, at 2 35 A. m.

Immediate cause of death: Intra-cranial hemorrhage — Duration: 5 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

IMPORTANT
Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D. Thomas Stoffier M. D.
(Address) 19 Breed St E B Date Mar 17 1946

21 St. Michael, Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March - 20 - 1946

22 NAME OF FUNERAL DIRECTOR Patsy Jafiro
ADDRESS 9 Chelsea Street East Boston.

Received and filed MAR 19 1946 19...
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect. ... extracts from the laws on back of certificate. ... OCCUPATION is very important. See instructions and

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 55

1 PLACE OF DEATH
Suffolk (County)
Winthrop Somerville mortified 4/15/46 (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Lo Re
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR)

(a) Residence. No. 331 Lowell St., Somerville St. Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. (Specify whether) years months days. 4 hrs. 40 min. (Before death) In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE W.
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE Years Months Days If less than 1 day 4 Hours 40 Minutes
9 Usual Occupation: —
10 Industry or Business: —
11 Social Security No. —
12 BIRTHPLACE (City) (State or country) Winthrop, Mass

PARENTS
13 NAME OF FATHER Anthony Lo Re
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Theresa Pomaro
16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Massachusetts

17 Informant Anthony Lo Re Relation, if any (Father)
(Address) 331 Lowell St. Somerville

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/19/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar (Month) 17, (Day) 1946. (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar 16, 1946 to Mar 17 1946
I last saw her alive on Mar 16 1946 death is said to have occurred on the date stated above, at 12:55 A m.
Immediate cause of death Prematurity-5 months
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Duration Important

Important

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. Potito M. D.
(Address) 7 Central Sq. E.B. Date 3/17 1946

21 St. Michael Roslindale
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 20 1946

22 NAME OF FUNERAL DIRECTOR Iannini & Sementa
ADDRESS 215 North St. Boston

Received and filed MAR 19 1946 19

A TRUE COPY ATTEST: [illegible] (Registrar)

100m(h)-1-41-4695

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.—*General Laws, Chap.* 46, *Sec.* 10.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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**SPACE FOR ADDITIONAL INFORMATION**........................................................................

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VR-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 56

1 PLACE OF DEATH
Suffolk (County) Boston notified 4/5/46
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby ~~Girl~~ Boy Ascolillo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) ........

(a) Residence. No. 367 Maverick St. E.Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) [illegible] years months 1 days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male ~~Female~~
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of ........ (Give maiden name of wife in full)
(or) WIFE of ........ (Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE ........ Years ........ Months 1 Days | If less than 1 day ........ Hours ........ Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Winthrop Mass.

PARENTS

13 NAME OF FATHER Americo Ascolillo

14 BIRTHPLACE OF FATHER (City) (State or country) Boston, Mass.

15 MAIDEN NAME OF MOTHER Rose Abbatie

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass.

17 Informant Father Relation, if any
(Address) 367 Maverick St. E.Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Cuddeey (?)
(Signature of Agent of Board of Health or other)
Health Officer 3/19/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 18 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 17, 1946, to March 18, 1946
I last saw him alive on March 18, 1946, death is said to have occurred on the date stated above, at 8:35 [illegible] m.

Immediate cause of death
Acute Atelectasis | Duration 1 day

Due to ........

Due to ........

IMPORTANT

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Physician Underline the cause to which death should be charged statistically.

Major findings:
Of operations ........ Date of ........
Of autopsy ........
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? ........
If so, specify ........
(Signed) P. Portenza M.D. M. D.
(Address) 238 Maverick Sq. Date 3/19/1946

21 St. Michael Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March - 22 - 1946

22 NAME OF FUNERAL DIRECTOR [signature] Napolitano (?)
ADDRESS 9 Chelsea Street East Boston.

Received and filed MAR 19 1946 19....
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
extracts from the laws on back of certificate.
See book 4/9/46

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______________

DATE OF ENTERING MILITARY SERVICE ______________

DATE OF DISCHARGE ______________

RANK, RATING ______________

ORGANIZATION AND OUTFIT ______________

SERVICE NUMBER ______________

R-301 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 57

Revere notified 4/15/46

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Camille Joseph LaVigueur
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 105 Pearl Ave., St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Trans. (Specify whether) years months 1 days. In this community yrs. mos. 1 days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | male |
| 4 COLOR OR RACE | white |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | married |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) | Ella M. Fitzemeyer |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | 61 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 59 Years, Months, Days; If less than 1 day: Hours, Minutes |
| 9 Usual Occupation | paper ruler |
| 10 Industry or Business | paper |
| 11 Social Security No. | 029-10-8320 |
| 12 BIRTHPLACE (City) (State or Country) | Canada |
| PARENTS: 13 NAME OF FATHER | Roque LaVigueur |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Canada |
| 15 MAIDEN NAME OF MOTHER | ~~c/b/1~~ Cannot be obtained |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | c/b/1 |

17 Informant Ella M. LaVigueur (Relation, if any Wife)
(Address) 105 Pearl Ave., Revere Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/21/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH | March (Month) 19 (Day) 1946 (Year) |

19 I HEREBY CERTIFY, That I attended deceased from March 17, 1946, to March 19, 1946
I last saw him alive on March 19, 1946 death is said to have occurred on the date stated above, at 7.45 P m.

| Immediate cause of death | Duration (IMPORTANT) |
|---|---|
| Coronary thrombosis | 2 days |
| Due to Generalized arterio sclerosis | 5 yrs |
| Due to | |

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical Examination

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Harold D. Musgrave, M. D.
(Address) 6 Beach St Revere Date 3-19 1946

21 Holy Cross March 23 1946
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Malden Mass. 19

22 NAME OF FUNERAL DIRECTOR Murray & Murray
ADDRESS 262 Beach St., Revere Mass.

Received and Filed 19
MAR 25 1946 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
See instructions and extracts from the laws on back of certificate.
DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 58

1 PLACE OF DEATH
Suffolk. (County)
Winthrop. (City or Town)
No. Winthrop Community Hospital. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Myra ( Johnson ) Kelley.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no.

(a) Residence. No. 51 Birch Road. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital (Specify whether) (Before death) years months 3 days. In this community 14 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed or divorced HUSBAND of ... (or) WIFE of Halsey Wolcott Kelley. (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive 78. years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 1 Months 20 Days — If less than 1 day ... Hours ... Minutes

9 Usual Occupation: at home

10 Industry or Business: —

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) Franklin Conn.

PARENTS

13 NAME OF FATHER Oliver A. Johnson.

14 BIRTHPLACE OF FATHER (City) (State or Country) unable to obtain

15 MAIDEN NAME OF MOTHER Agnew.

16 BIRTHPLACE OF MOTHER (City) (State or Country) unable to obtain

17 Informant Wallace A. Kelley (Relation, if any Son.)
(Address) 15 Foxhill Road, Wellsley Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childerly ... (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/23/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 21 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1943, to March 21, 1946
I last saw her alive on March 21, 1946 death is said to have occurred on the date stated above, at 4.36 P m.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 2 days |
| Due to: Hypertension | 2 years |
| Due to: | |
| Other conditions: Broncho-pneumonia (Include pregnancy within 3 months of death) | 2 days. |

IMPORTANT

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

Major findings: Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Louis F. Salerno, M. D.
(Address) 175 Pleasant St Date 3/21 1946

21 Franklin Cemetery, Franklin Ct
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 24, 1946. 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh.
ADDRESS 174 Winthrop St, Winthrop Mass.

Received and Filed ... 19 ...
MAR 25 1946
(Registrar)

00m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has heeu engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is tn be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION ______________________

R-301 A

Revere
Mortuary
4/5/46

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 59

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Martina A Murray (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 174 Bradstreet Ave. St. ~~Winthrop~~ Revere Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 11 days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 65 Years 9 Months 11 Days. If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | At home |
| 10 Industry or Business: | — |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or country) | Charlottetown P.E.I. |
| 13 NAME OF FATHER | John Murphy |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Charlottetown P.E.I. |
| 15 MAIDEN NAME OF MOTHER | — Fisher |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Charlottetown P.E.I. |
| 17 Informant (Address) | Edmund Murray, 39 Amherst Road Wellesley Hills Mass. Relation, if any: Son |

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH | March (Month) 23, (Day) 1946 (Year) |
| 19 I HEREBY CERTIFY, That I attended deceased from | June 5, 1945, to March 22, 1946, I last saw her alive on March 22, 1946, death is said to have occurred on the date stated above, at 4.40 A.m. |

| Cause | Duration |
|---|---|
| Immediate cause of death: Bronchial Pneumonia | 3-18-46 |
| Due to: Cerebral hemmorrhage | 3-10-46 |
| Due to: Generalized arterio-sclerosis | — |
| Other conditions (Include pregnancy within 3 months of death) | |

IMPORTANT

Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations ... Date of ... Of autopsy ...

What test confirmed diagnosis? Clinical Examination

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Musgrave M. D.
(Address) 620 Beach Ave. Date 3-23-1946.

21 Knollwood Cemetery, Canton Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 25 1946

22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Sons
ADDRESS Boston, Mass

Received and filed MAR 2 5 1946 19
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/23/46 (Date of Issue of Permit)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
extracts from the laws on back of certificate.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

M R-302

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 2918 60

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. The Children's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David A Baldwin
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 525 Pleasant St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution Hosp years months 1 days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 5 Years 2 Months Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Melrose
(State or country) Mass

PARENTS

13 NAME OF FATHER Frederick Baldwin

14 BIRTHPLACE OF FATHER (City) Melrose
(State or country) Mass

15 MAIDEN NAME OF MOTHER Ruthmae Penny

16 BIRTHPLACE OF MOTHER (City) Saugus
(State or country)

17 Informant F Baldwin (Relation, if any father)
(Address)

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED Mar 28 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar (Month) 24 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar 23, 1946, to Mar 24, 1946

I last saw him alive on Mar 24, 1946, death is said to have occurred on the date stated above, at 7:45 A.m.

| Immediate cause of death | Duration |
|---|---|
| Pneumococcus Type IV Meningitis | $2\frac{1}{2}$ dys |
| Due to | |
| Due to | |

Other conditions
(Include pregnancy within 3 months of death)

Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Date of

Of autopsy Meningitis otitis pneumonia

What test confirmed diagnosis? Spinal fl. exam.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W M Wallace, M. D.
(Address) Childrens Hosp Date 3/24 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wyoming (Cemetery) Melrose (City or Town)

DATE OF BURIAL Mar 27 1946

22 NAME OF FUNERAL DIRECTOR M Kirby
ADDRESS Winthrop Mass

Received and filed APR 3 1946 19
(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD ... resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 61

1 PLACE OF DEATH
Suffolk. (County)
Winthrop. (City or Town)
No. 125 Cliff Avenue. (Pauls nursing Home) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Frances Ford.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no.

(a) Residence. No. 15 Egelton Park St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution N. Home 7 years months days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: female / 4 COLOR OR RACE: white / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed | 18 DATE OF DEATH March (Month) 24 (Day) 1946. (Year) |
| 5a If married, widowed, or divorced HUSBAND of ... (Give maiden name of wife in full) (or) WIFE of Harry Andrew Ford. (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from August 15, 1939, to March 23, 1946, I last saw her alive on March 23, 1946, death is said to have occurred on the date stated above, at 1 P. m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: Diabetes — Duration: 15 years |
| 7 IF STILLBORN, enter that fact here. | Due to ... |
| 8 AGE 83 Years 10 Months 9 Days / If less than 1 day ... Hours ... Minutes | Due to ... |
| 9 Usual Occupation: retired | Other conditions ... (Include pregnancy within 3 months of death) |
| 10 Industry or Business: — | Major findings: Of operations none. Date of ... |
| 11 Social Security No. none | Of autopsy none |
| 12 BIRTHPLACE (City) Huntington (State or country) Long Island N.Y. | What test confirmed diagnosis? clinical signs |
| 13 NAME OF FATHER Fred Moddell | IMPORTANT — Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) Huntington (State or country) Long Island N.Y. | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify ... |
| 15 MAIDEN NAME OF MOTHER Jeannette Rogers | (Signed) Daniel J. O'Brien M. D. (Address) Winthrop Mass. Date March 25 1946 |
| 16 BIRTHPLACE OF MOTHER (City) Huntington (State or country) Long Island N.Y. | 21 Mount Feake Waltham Mass — Place of Burial, Cremation or Removal. (City or Town) |
| 17 Informant Mrs. Amos Crooks (Relationship daughter) (Address) 15 Egelton Park Winthrop Mass | DATE OF BURIAL March 26, 1946. 19 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 3/25/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh ADDRESS 174 Winthrop St Winthrop Mass |
| | Received and filed APR 2 1946 19 (Registrar) |

100m(1)-1-44-13634 If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom be has attended during bis last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the hest of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Cbap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one bundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in whicb it has heeu engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply witb any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eigbt and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen bundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there sball have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make sucb certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after sucb removal, unless a permit in the usual form for the removal of such body has been sooner obtained bereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of deatb shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of tbe dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is witbin his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person sball bury a human body or the asbes thereof which have been brought into the commonwealth until he bas received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in whicb the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to sucb deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose pbysician is absent from home wben the certificate of deatb is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of deatb means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at bome. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 62

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 267 Washington Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jack Stanley Finlayson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 267 Washington Ave. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 23 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 23 Years 1 Months 13 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Tool Maker

10 Industry or Business: Tool Manufactory

11 Social Security No. 023-18-3118

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

13 NAME OF FATHER William D Finlayson

14 BIRTHPLACE OF FATHER (City) Charlestown (State or country) Mass.

15 MAIDEN NAME OF MOTHER Jane Jennings

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Jane Finlayson (Relation, if any Mother)
(Address) 267 Washington Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childs
(Signature of agent of Board of Health or other)
Health Officer 4/1/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 29 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 4, 1945 to March 28, 1946

I last saw him alive on March 28, 1946 death is said to have occurred on the date stated above, at 1:30 A.m.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 2 days |
| Due to: Malignant hypertension | 1 1/2 years |
| Due to: | |
| Other conditions: none (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: none | |
| Date of | |
| Of autopsy: none | |
| What test confirmed diagnosis? Clinical & Laboratory | |

IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice Trausteen Jr. M. D.
(Address) 562 Shirley St., Winthrop Date Mar 29, 1946

21 Winthrop Winthrop
Place of Burial, Cremation, or Removal. (City or Town)
DATE OF BURIAL April 1 1946

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed ... 19..
APR 2 1946
(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 63

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 23 Court Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marian Whipple
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 23 Court Rd. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 1 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Single |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 80 Years 4 Months 8 Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Book keeper Retired |
| 10 Industry or Business: | — |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or country) | Boston Mass. |
| PARENTS 13 NAME OF FATHER | Frederick J Whipple |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Boston Mass. |
| 15 MAIDEN NAME OF MOTHER | Lucinda Dubois |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | New York |
| 17 Informant (Address) | Mrs Harriette Whipple, 23 Court Rd. Winthrop; Relation, if any |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chilcott (?) (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/1/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | | |
|---|---|---|
| 18 DATE OF DEATH | March (Month) 30 (Day) 1946 (Year) | |
| 19 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1945, to March 30, 1946. I last saw her alive on March 30, 1946, death is said to have occurred on the date stated above, at 12^30 P.m. | | Duration |
| Immediate cause of death | Cerebral Hemorrhage | 2 days |
| Due to | Hypertension | 6 mos |
| Due to | | |
| Other conditions (Include pregnancy within 3 months of death) | Chronic Arthritis | 2 yrs. |
| Major findings: Of operations ... Date of ... | | |
| Of autopsy | | |
| What test confirmed diagnosis? | | |

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Louis F. Salerno M. D.
(Address) 175 Pleasant St. Date Mar 30 1946

21 Forrest Hills Crematory Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 1 1946

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed APR 2 1946 19
(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH ... so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

### EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
### GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________________

DATE OF ENTERING MILITARY SERVICE ____________________

DATE OF DISCHARGE ____________________

RANK, RATING ____________________

ORGANIZATION AND OUTFIT ____________________

SERVICE NUMBER ____________________

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 64

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 322 Revere St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Francis Davis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 322 Revere St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — (Before death) (Specify whether) years months days. In this community 30 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male | 18 DATE OF DEATH: April (Month) 3 (Day) 1946 (Year) |
| 4 COLOR OR RACE: White | 19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1945, to April 2, 1946 |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | I last saw him alive on April 2, 1946 death is said to have occurred on the date stated above, at 12:40 P m. |
| 5a If married, widowed, or divorced HUSBAND of Mary F. Driscoll (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | Immediate cause of death: Arterio sclerosis |
| 6 Age of husband or wife if alive ... years | Due to |
| 7 IF STILLBORN, enter that fact here. | Due to |
| 8 AGE 90 Years Months Days; If less than 1 day Hours Minutes | Other conditions (Include pregnancy within 3 months of death) |
| 9 Usual Occupation: Master Rigger | Major findings: Of operations ... Date of ... |
| 10 Industry or Business: Navy Yard | Of autopsy |
| 11 Social Security No. — | What test confirmed diagnosis? |
| 12 BIRTHPLACE (City) Charlestown (State or country) Mass | Duration — IMPORTANT — Physician: Underline the cause to which death should be charged statistically. |
| PARENTS 13 NAME OF FATHER: Thomas J. Davis | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Cannot be learned | (Signed) [signature] M. D. (Address) Winthrop Date 4-3-1946 |
| 15 MAIDEN NAME OF MOTHER: Ellen Sullivan | 21 Holy Cross Malden — Place of Burial, Cremation or Removal. (City or Town) |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Cannot be learned | DATE OF BURIAL April 6 1946 19 |
| 17 Informant Helen Mcgough (Daughter) (Address) 322 Revere St | 22 NAME OF FUNERAL DIRECTOR John F. O'Maley ADDRESS Winthrop |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. [signature] (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 4/4/46 (Date of Issue of Permit) | Received and filed ... 19 ... 1946 (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-301 A

1 PLACE OF DEATH Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 65

2 FULL NAME AMALIA SALVATI
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 140 Price Street St. Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) 7 hrs. 35 mins. years months days. (Specify whether) In this community 35 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: female · 4 COLOR OR RACE: White ~~Italian~~ · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | 18 DATE OF DEATH: Apr (Month) 3 (Day) 1946 (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Michael Salvati (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Apr 2, 1946, to Apr 3, 1946. I last saw her alive on Apr 2, 1946 death is said to have occurred on the date stated above, at 6:55 A m. |
| 6 Age of husband or wife if alive 70 years | Immediate cause of death: Coronary infarction — Duration: 1 day |
| 7 IF STILLBORN, enter that fact here. | Due to: Diabetes mellitus — 7 years |
| 8 AGE 68 Years Months Days; If less than 1 day Hours Minutes | ~~Due to~~ Diabetic acidosis — 1 day |
| 9 Usual Occupation: Housewife | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: — | Major findings: Of operations; Date of; Of autopsy |
| 11 Social Security No. | What test confirmed diagnosis? |
| 12 BIRTHPLACE (City) (State or Country) Avellino Italy | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify |
| PARENTS 13 NAME OF FATHER Sabato Novello | (Signed) D. D. Potito, M. D. |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) Italy | (Address) Central Sq. E.B. Date 4/3 1946 |
| 15 MAIDEN NAME OF MOTHER Filomena (Philomena) Gallo | 21 Place of Burial, Cremation or Removal: Holy Cross (City or Town) Malden |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) Italy | DATE OF BURIAL Apr 6, 1946 |
| 17 Informant Michael Salvati (Relation if any) husband (Address) 140 Price Boston | 22 NAME OF FUNERAL DIRECTOR John Cincotti & Son; ADDRESS 11 Cooper St Boston |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 4/4/46 (Date of Issue of Permit) | Received and Filed APR 8 1946 (Registrar) |

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

1301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 66

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Cliff Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hannah Louise Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 235 Court Road St. (If nonresident, give city or town and State)
(Usual place of abode)
Length of stay: In hospital or institution Nursing Home years 14 months days. In this community 2 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 11 Months 8 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Dress Maker (Retired)

10 Industry or Business: —

11 Social Security No. None

12 BIRTHPLACE (City) Boothbay
(State or country) Maine

PARENTS
13 NAME OF FATHER Edwin Anderson
14 BIRTHPLACE OF FATHER (City) Boothbay
(State or country) Maine
15 MAIDEN NAME OF MOTHER Vesta Weeber
16 BIRTHPLACE OF MOTHER (City) Boothbay
(State or country) Maine

17 Informant Viola O'Brien Relation, if any Niece
(Address) 235 Court Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Childress
(Signature of Agent of Board of Health or other)
HO April 5/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 4 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1946, to April 4, 1946
I last saw her alive on April 3, 1946, death is said to have occurred on the date stated above, at 10 9 .m.

Immediate cause of death Cerebral Hemorrhage — Duration: 48 hours
Due to Chronic hypertension — 5 years
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Major findings: Of operations — Date of
Of autopsy —
What test confirmed diagnosis? Clinical Signs

IMPORTANT

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) David K. Brown M. D.
(Address) Winthrop Date April 4 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 6 1946

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed APR 8 1946 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(1)-1-44-13634

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

Cambridge (City or town making return)

Registered No. 55367

1 PLACE OF DEATH
Middlesex (County)
Cambridge (City or Town)
No. Holy Ghost Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry C. Jones
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 187 Court Road St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) 1 years 1 months 29 days. In this community 15 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) W

5a If married, widowed, or divorced HUSBAND of Sarah A. Gilgan
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive --- years

7 IF STILLBORN, enter that fact here. ---

8 AGE 79 Years - Months - Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Shoe Worker

10 Industry or Business: Retired

11 Social Security No. None

12 BIRTHPLACE (City) Hudson (State or country) New York

PARENTS

13 NAME OF FATHER Alden Jones

14 BIRTHPLACE OF FATHER (City) Hudson (State or country) New York

15 MAIDEN NAME OF MOTHER Susan Senter

16 BIRTHPLACE OF MOTHER (City) Litchfield (State or country) N. H.

17 Informant Miss Dorothy Jones (Relation if any: Daughter)
(Address) 187 Court Road, Winthrop

A TRUE COPY.
ATTEST: Frederick H. Burke
(Registrar of city or town where death occurred)

DATE FILED April 11, 1946 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 4, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1945, to Apr. 4, 1946
I last saw him alive on Apr. 3, 1946 death is said to have occurred on the date stated above, at 12.45 A. m.

Immediate cause of death
Arterio sclerotic & hypertensive heart disease — Duration: 10 yrs

Due to

Due to

Other conditions Pneumonia 5 dys
(Include pregnancy within 3 months of death)

Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? None

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph L. Tansey, M. D.
(Address) Boston, Mass. Date 4/4/ 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Cem. (Cemetery) Boston (City or Town)
DATE OF BURIAL April 8, 1946 19

22 NAME OF FUNERAL DIRECTOR James F. Hickey
ADDRESS 403 Main St. Brockton

Received and filed APR 12 1946 19
(Registrar of City or Town where deceased resided)

If deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-10-11-12 10716

APR 1 [illegible]

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 68

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 10 Harbor View Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Florence Helen Royle
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10 Harbor View Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 34 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE 43 Years 4 Months 2 Days | If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: Office Work

10 Industry or Business: Shipping Co.

11 Social Security No. (L) 010-09-4838

12 BIRTHPLACE (City) (State or country): Somerville, Mass.

PARENTS

13 NAME OF FATHER: Matthias Royle

14 BIRTHPLACE OF FATHER (City) (State or country): New Jersey

15 MAIDEN NAME OF MOTHER: Edith Brinsley

16 BIRTHPLACE OF MOTHER (City) (State or country): England

17 Informant: Edith M Royle (Relation if any: Mother)
(Address): 10 Harbor View Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Childress
(Signature of Agent of Board of Health or other)
(Official Designation) Ag[?] (Date of Issue of Permit) April 5/46

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: April (Month) 4 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1946, to April 4, 1946
I last saw her alive on April 4, 1946 death is said to have occurred on the date stated above, at 1.00 P m.

Immediate cause of death: Chronic Muscular Atrophy — Duration: 18 mos

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations — Date of
Of autopsy
What test confirmed diagnosis? Clinical Signs

IMPORTANT
IMPORTANT
Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Daniel J O'Brien M. D.
(Address) Winthrop, Mass Date April 4 1946

21 Winthrop — Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 6 1946

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed APR 8 1946 19
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Wom-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

2101 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 69

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Baby boy~~ Ralph Morcaldi (~~Premature~~) (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 1138 North Shore Rd St. Revere (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) yes (Specify whether) — years — months 19 days. In this community — yrs. — mos. 19 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of —
(or) WIFE of (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. —

8 AGE — Years — Months 18 Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Winthrop Mass.

PARENTS
13 NAME OF FATHER Gabriel Morcaldi
14 BIRTHPLACE OF FATHER (City) (State or country) East Boston Mass.
15 MAIDEN NAME OF MOTHER Mary Dana Danna
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass

17 Informant Gabriel Morcaldi (Relation, if any) Father
(Address) 1138 North Shore Rd, Revere Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D. Childs [illegible] (Signature of Agent of Board of Health or other)
Health Officer 4/11/46 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 8 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar 22, 1946, to April 8, 1946
I last saw him alive on April 8, 1946, death is said to have occurred on the date stated above, at 8:45P. m.

| Cause | Duration |
| --- | --- |
| Immediate cause of death: Broncho-Pneumonia | 2 days |
| Due to Prematurity | [illegible] birth |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations ... Date of ...
Of autopsy ...
What test confirmed diagnosis? ...

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify ...
(Signed) [illegible] M. D.
(Address) [illegible] Date 4/11 1946

21 Holy Cross Malden (Place of Burial, Cremation or Removal.) (City or Town)
DATE OF BURIAL April 11 1946

22 NAME OF FUNERAL DIRECTOR Charles Bruno & Son
ADDRESS 14 Proctor Ave, Revere, Mass

Received and filed APR 16 1946 19 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

per matter (sup. said) (5/2/46)

100M-6-2-42-8855

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**SPACE FOR ADDITIONAL INFORMATION** ..........................................................................

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301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 70

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Lynch.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 34 Harrington Ave, Revere, Mass St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 23 days. In this community 2 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Thomas Lynch (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years – Months – Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: House wife

10 Industry or Business: At home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER John McCarthy

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Catherine Moore

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs. Eugene Lakemarsh Relation, if any Daughter
(Address) 34 Harrington Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 4/16/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH APRIL (Month) 14, (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 10, 1946, to April 14, 1946

I last saw her alive on April 14, 1946, death is said to have occurred on the date stated above, at 11.40 A. m.

| | Duration |
|---|---|
| Immediate cause of death Bronchial Pneumonia | 4 days |
| Due to Cerebral hemorrhage | 28 dys |
| Due to Cerebral arterio-sclerosis; Generalized arterio-sclerosis | |
| Other conditions (Include pregnancy within 3 months of death) | |

IMPORTANT

Major findings:
Of operations ... Date of ...
Of autopsy ...
What test confirmed diagnosis? Clinical Exam.

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) [illegible] M. D.
(Address) 6 ... Beach St Revere Date 4-15 1946

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 17, 1946 19...

22 NAME OF FUNERAL DIRECTOR Wm. D. Casey
ADDRESS Chelsea, Mass.

Received and filed APR 27 1946 19...
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

301 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permi with Board of Health or its Agent.

Registered No. 71

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 15 Pleasant Park Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice R Preg (Howard)
(If deceased is a married, widowed or divorced women, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 15 Pleasant Park Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 35 yrs. – mos. – days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F Preg
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years – Months – Days; If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: housework

10 Industry or Business: own home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER Richard Howard

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Bridget E Kennedy

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Joseph F Preg (Relation, if any: husband)
(Address) 15 Pleasant Park Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers [illegible]
(Signature of Agent of Board of Health or other)
Health Officer 4/18/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 17 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1-1- 1945 to 4-17- 1946
I last saw h[er] alive on 4-16- 1946 death is said to have occurred on the date stated above, at 4:20 A m.

| | Duration |
|---|---|
| Immediate cause of death: [illegible] | 3 [illegible] |
| Due to: Chronic hypertension | 4 yrs |
| Due to: Chronic Bright's D[isease] | 4 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |

IMPORTANT
Physician — Underline the cause to which death should be charged statistically.

Major findings:
Of operations ...... Date of ......
Of autopsy ......
What test confirmed diagnosis? ......

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ......
(Signed) [illegible], M. D.
(Address) [illegible] Date 4-17-1946

21 Holyhood Brookline
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 20 1946

22 NAME OF FUNERAL DIRECTOR Vincent [illegible] Jr
ADDRESS 109 Warren St Charlestown

Received and filed APR 27 1946 19......
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**SPACE FOR ADDITIONAL INFORMATION** ........................................

Rank and Branch of Service

Date of Enlistment

Date of Discharge

Serial Number

Section of Cemetery

Number of Grave

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 72

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 88 Woodside Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hazel Ruth Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 88 Woodside Ave. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — (Specify whether) years months days. In this community 17 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 37 Years 4 Months 22 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Billing Clerk

10 Industry or Business: Electric Light Co.

11 Social Security No. 017-C714441

12 BIRTHPLACE (City) Medford (State or country) Mass.

PARENTS

13 NAME OF FATHER James H. Smith

14 BIRTHPLACE OF FATHER (City) Sommerville (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Flossie Thompson

16 BIRTHPLACE OF MOTHER (City) Bath (State or country) Maine

17 Informant Flossie Smith Relation, if any ( Mother )
(Address) 88 Woodside Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Clydesdale [signature]
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/18/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 17 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1945, to April 17, 1946
I last saw her alive on April 16, 1946 death is said to have occurred on the date stated above, at 2:30 P m.

Immediate cause of death: Carcinoma of Intestines. — Duration: One year
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of intestines. Date of August 1945
Of autopsy: none
What test confirmed diagnosis? Clinical Signs

IMPORTANT
IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature] M. D.
(Address) Winthrop Date April 18 1946

21 Puritan Lawn — Peabody, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 20, 1946 19

22 NAME OF FUNERAL DIRECTOR Richard B. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed APR 27 1946 19
(Registrar)

Information should be carefully supplied. AGE should be stated exactly. ... CAUSE OF DEATH ... is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

**A physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none.*

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**SPACE FOR ADDITIONAL INFORMATION**..........................................................................

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-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 73

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 122 Washington Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Woodbury Morrison
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 122 Washington Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 42 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: April (Month) 18 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Hattie A Call (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from April, 1928, to April 18, 1946. I last saw him alive on April 17, 1946, death is said to have occurred on the date stated above, at 5 P. m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: Chronic Myocarditis — Duration: 4 yrs (IMPORTANT) |
| 7 IF STILLBORN, enter that fact here. | Due to |
| 8 AGE 88 Years 0 Months 13 Days — If less than 1 day ... Hours ... Minutes | Due to |
| 9 Usual Occupation: Recorder (Retired) | Other conditions: Chronic Bronchitis — 5 yrs (Include pregnancy within 3 months of death) (IMPORTANT) |
| 10 Industry or Business: Aleppo Temple | Major findings: Of operations ... Date of ... |
| 11 Social Security No. 021-12-0392 | Of autopsy |
| 12 BIRTHPLACE (City) Boston (State or country) Mass. | What test confirmed diagnosis? |
| PARENTS: 13 NAME OF FATHER George Washington Morrison | Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) Alton (State or country) New Hampshire | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify |
| 15 MAIDEN NAME OF MOTHER Elizabeth Dunton | (Signed) Louis F. Salerno, M. D. (Address) 175 Pleasant St Date 4/18/ 1946. |
| 16 BIRTHPLACE OF MOTHER (City) Damascota (State or country) Maine | 21 Woodlawn Crematory, Everett — Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL April 23 1946 |
| 17 Informant Mrs. Harris (Relation, if any) (Address) 122 Washington Ave. Winthrop | 22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop, Mass. |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Chiddey (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 4/22/46 (Date of Issue of Permit) | Received and filed APR 27 1946 19... (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

R-302

SUFFOLK
BOSTON

BOSTON

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 369474

1 PLACE OF DEATH (County) (City or Town)

No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Esther Phillips (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 14 Trident Ave St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. 16 Hrs In this community yrs. mos. 1 days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: None

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Abraham Phillips

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Rachel R.Palais

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant C Shap(ro Relation, if any Sister)
(Address)

A TRUE COPY.

ATTEST:
(Registrar of city or town where death occurred)

DATE FILED April 22 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 18/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 17, 1946, to April 18, 1946

I last saw her alive on April/18/46, 19 , death is said to have occurred on the date stated above, at 2:35AM m.

Immediate cause of death: Myocardial infarction — Duration: 16 Hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Pt.deaf and dumb

Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations Date of
Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S H Hoffman, M. D.

(Address) Beth Israel Hospt Date 4-18-46

21 PLACE OF BURIAL, CREMATION OR REMOVAL Ohel Jacob Cem-Woburn Mass.
(Cemetery) (City or Town)

DATE OF BURIAL April 18/46 19

22 NAME OF FUNERAL DIRECTOR H J Torf
ADDRESS Brookline Mass.

Received and filed APR 27 1946 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 75

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine A. Devlin ( Kelley )
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 24 Winthrop St. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 1 days. In this community 35 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Give maiden name of wife in full) (Husband's name in full) | Samuel J. Devlin |
| 6 Age of husband or wife if alive | 73 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 65 Years ... Months ... Days ... If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Housewife |
| 10 Industry or Business: | Own Home |
| 11 Social Security No. | — |
| 12 BIRTHPLACE (City) (State or country) | Boston Massachusetts |
| PARENTS 13 NAME OF FATHER | Michael D. Kelley |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Anastasia Sullivan |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Newfoundland |
| 17 Informant (Address) | Samuel J. Devlin ( Relation, if any Husband ) 24 Winthrop St Winthrop |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) April 21/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 19 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September, 1945 to April 19, 1946
I last saw her alive on April 19, 1946, death is said to have occurred on the date stated above, at 12:10 p.m.

| | Duration |
|---|---|
| Immediate cause of death. Cardiac decompensation | IMPORTANT 12 hrs |
| Due to Arterio sclerotic heart disease and chronic | |
| Due to nephritis | 8 mos |
| Other conditions (Include pregnancy within 3 months of death) Cardiac cirrhosis of liver with ascites | IMPORTANT |

Major findings: Of operations ... Date of ...
Of autopsy ...
What test confirmed diagnosis? Clinical

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Paul [illegible] M. D.
(Address) 238 Shore Drive Date 4/19 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 22 1946

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop Mass.

Received and filed APR 27 1946 19 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it aud transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 76

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Conway -( Male)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 198 Leyden St. East Boston St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months — days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Male | 4 COLOR OR RACE: White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) | |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ✓ years | |
| 7 IF STILLBORN, enter that fact here. Stillborn | |
| 8 AGE Years Months Days / If less than 1 day Hours Minutes | |
| 9 Usual Occupation: — | |
| 10 Industry or Business: — | |
| 11 Social Security No. — | |
| 12 BIRTHPLACE (City) Winthrop (State or Country) Mass. | |
| 13 NAME OF FATHER: William Conway | |
| 14 BIRTHPLACE OF FATHER (City) Boston (State or Country) Mass. | |
| 15 MAIDEN NAME OF MOTHER: Norma Cristoforo | |
| 16 BIRTHPLACE OF MOTHER (City) Boston (State or Country) Mass. | |
| 17 Informant: William Conway (Relation if any: Father) (Address) 198 Leyden St. East Boston, Mass. | |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Childress (Signature of Agent of Board of Health or other)
HO (Official Designation) 4/22/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 20 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 20, 1946, to , 19
I last saw h ~~alive on~~ , 19 , death is said to have occurred on the date stated above, at 4. m.

Immediate cause of death: Stillborn — | Duration IMPORTANT —
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations / Date of / Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. Melonicky [illegible], M. D.
(Address) 305 Hanover St. E. Boston Date April 20 1946

21 St. Michael, Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 22, 1946 19

22 NAME OF FUNERAL DIRECTOR Michael J. Tonella
ADDRESS 10 No. Bennet St. Boston

Received and Filed APR 27 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
See instructions and extracts from the laws on back of certificate.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to s n deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

2-301 A

# The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 77

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marjorie A. Jacobs.
(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 66 Beacon St St. Winthrop (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years 1 months days. In this community 17 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 17 Years – Months – Days. If less than 1 day Hours Minutes

9 Usual Occupation: Student

10 Industry or Business: High School

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) Chelsea Mass.

PARENTS

13 NAME OF FATHER Sidney L. Jacobs

14 BIRTHPLACE OF FATHER (City) (State or Country) Boston Mass.

15 MAIDEN NAME OF MOTHER Annie H. Harris

16 BIRTHPLACE OF MOTHER (City) (State or Country) Boston Mass

17 Informant (Address) Sidney L. Jacobs 66 Beacon St Winthrop (Relation, if any) father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childs M.D. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/22/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 20 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1946, to April 20, 1946
I last saw her alive on April 20, 1946 death is said to have occurred on the date stated above, at 6:05 p.m.

Immediate cause of death Acute Myelogenous Leukemia — Duration: IMPORTANT 7 weeks

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none
Date of
Of autopsy
What test confirmed diagnosis? clinical + laboratory

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob J. Abrams M.D. M. D.
(Address) 56 Shirley St. Date 4/20 1946

21 Hand in Hand Cem Wintrop W. Roxbury
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Apr. 23 - 1946 19

22 NAME OF FUNERAL DIRECTOR Benjamin F Solomon
ADDRESS 420 Harvard St Brookline

Received and Filed APR 27 1946 19
(Registrar)

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
# COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Stoneham (City or town making return)

Registered No. 78

1 PLACE OF DEATH
Middlesex (County)
Stoneham (City or Town)
No. 12 Fenton St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Mair Dewar
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 235 Court Rd. Wintrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years 11 months 18 days. In this community 40 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Martha Anderson (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 11 Months 11 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Wood Turner (Retired)

10 Industry or Business: Factory

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Nova Scotia

PARENTS

13 NAME OF FATHER John Dewar

14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Christine Campbell

16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

17 Informant Mrs Arthur O'Brien (Relation, if any) (daughter)
(Address) 235 Court Rd Wintrop

A TRUE COPY. [illegible]
ATTEST:
(Registrar of city or town where death occurred)

DATE FILED April 22 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 21 (Day) 1946 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Fracture Right Femur
Carcinoma Rectum

20 Accident, suicide, or homicide (specify) accidental
Date of occurrence April 11 1946 19
Where did injury occur? Stoneham Mass (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? In Room at Rest Home (Specify type of place)
Manner of Injury Fall from bed on floor
Nature of Injury Fracture right Hip
While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ira W Richardson M. D.
(Address) Wakefield Mass Date Apr 23 1946

22 Wintrop- Wintrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 23 1946 19

23 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Wintrop, Mass

Received and filed ~~April 22 1946~~ 19
APR 2 1946
(Registrar of City or Town where deceased resided)

...city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 79

1 PLACE OF DEATH
Suffolk. (County)
Winthrop. (City or Town)
No. 158 Winthrop Street. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Phoebee Estelle Fernald.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 158 Winthrop Street. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 33 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 4 Months 20 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: At Home

10 Industry or Business: —

11 Social Security No. No.

12 BIRTHPLACE (City) (State or country): Dixmont Maine.

PARENTS
13 NAME OF FATHER: John Fernald.
14 BIRTHPLACE OF FATHER (City) (State or country): Concord New Hampshire.
15 MAIDEN NAME OF MOTHER: Laura Howe
16 BIRTHPLACE OF MOTHER (City) (State or country): Dixmont Maine.

17 Informant: John Pratt (Relation, if any: Nephew)
(Address) Dixmont Maine

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/26/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 24 (Day) 1946. (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 10, 1945, to April 24, 1946,
I last saw her alive on April 24, 1946, death is said to have occurred on the date stated above, at 1 p. m.

Immediate cause of death: Carcinoma of Lung Right Lower Lobe — Duration: 10 months
Due to
Due to
Other conditions (include pregnancy within 3 months of death): Carcinoma of liver — 8 months

Major findings:
Of operations: No operation
Date of
Of autopsy: No autopsy
What test confirmed diagnosis? Physical Examination

IMPORTANT
Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward J. Granger M. D.
(Address) 200 Washington Ave Date 4-25 1946

21 Dixmont Cemetery Dixmont Maine
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 27, 1946.

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop Street, Winthrop

Received and filed APR 27 1946 (Registrar)

Extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(i).1-44-13634

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

.01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 80

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 75 Highland Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Wesley Tyler
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 75 Highland Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 50 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Josephine Gallagher ~~Tyler~~
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 82 years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Paint

11 Social Security No. —

12 BIRTHPLACE (City) Northampton
(State or country) Mass

PARENTS

13 NAME OF FATHER Sylvester Tyler

14 BIRTHPLACE OF FATHER (City) Baldwin
(State or country) Me.

15 MAIDEN NAME OF MOTHER Annie Miller

16 BIRTHPLACE OF MOTHER (City) Holliston
(State or country) Mass

17 Informant Josephine Tyler (Relation, if any Wife)
(Address) 75 Highland Ave [illegible]

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress [illegible]
(Signature of Agent of Board of Health or other)
Health Officer 4/29/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 27 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from [illegible], 1946, to April 27, 1946

I last saw h[illegible] alive on [illegible], 194[illegible], death is said to have occurred on the date stated above, at 5 P m.

Immediate cause of death [illegible] | Duration [illegible]

Due to [illegible] | [illegible]

Due to [illegible]

IMPORTANT

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible], M. D.
(Address) [illegible] Date [illegible] 19[illegible]

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 30 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop

Received and filed MAY 1 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
extracts from the laws on back of certificate

100m-(g)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 81

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 152 Bartlett Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dr. Henry C. Kennington
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 152 Bartlett Rd., St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Edith Barrett
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 6 Months 22 Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Docter

10 Industry or Business: Own

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Worcester Mass.

PARENTS

13 NAME OF FATHER John W. Kennington

14 BIRTHPLACE OF FATHER (City) (State or country) ~~Unknown~~ - England

15 MAIDEN NAME OF MOTHER Susan M. Frazer

16 BIRTHPLACE OF MOTHER (City) (State or country) Springfield Mass.

17 Informant Mrs. Edith Kennington Relation, if any Wife
(Address) 152 Bartlett Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/1/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 29 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1946, to April 29, 1946
I last saw him alive on April 29, 1946 death is said to have occurred on the date stated above, at 12.05 PM

Immediate cause of death: Myocarditis — Duration 6 mos (IMPORTANT)

Due to Chronic Nephitis (nephritis) — 3 years

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations — Date of —

Of autopsy —

What test confirmed diagnosis? Clinical Signs

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Daniel J. O'Brien, M. D.
(Address) Winthrop Date April 29 46

21 Brookdale Dedham
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 2, 1946

22 NAME OF FUNERAL DIRECTOR L. E. Parker
ADDRESS 300 Meridian St., E. Boston

Received and filed MAY 1 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect. from the laws, on back of certificate.

50m-(e)-3-43-11574

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

2-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 260082

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 46 Washington Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Mangan (Sherry)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 97 Nahant St. Lynn
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) ~~8 days~~ (Specify whether) years months 8 days. In this community yrs. mos. 8 days.

| PERSONAL AND STATISTICAL PARTICULARS | | |
|---|---|---|
| 3 SEX: female | 4 COLOR OR RACE: white | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of John J. Mangan (Husband's name in full) | | |
| 6 Age of husband or wife if alive ... years | | |
| 7 IF STILLBORN, enter that fact here. | | |
| 8 AGE 82 Years 8 Months 24 Days | If less than 1 day Hours Minutes | |
| 9 Usual Occupation: At home | | |
| 10 Industry or Business: — | | |
| 11 Social Security No. none | | |
| 12 BIRTHPLACE (City) (State or Country) Lynn Mass | | |
| PARENTS 13 NAME OF FATHER: Patrick P. Sherry | | |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Ireland | | |
| 15 MAIDEN NAME OF MOTHER: Mary A Phelan | | |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Ireland | | |
| 17 Informant Mrs. Mgt. A O'Brien (Relation if any: sister) (Address) 78 Washington Ave | | |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress M.D.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/29/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 29 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1946, to April 28, 1946
I last saw her alive on April 28, 1946, death is said to have occurred on the date stated above, at 6.40 A. m.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | IMPORTANT Two Days |
| Due to: Hypertension Chronic Myocarditis | 5 years |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | IMPORTANT |
| Major findings: Of operations — Date of — | Physician Underline the cause to which death should be charged statistically. |
| Of autopsy — | |
| What test confirmed diagnosis? Clinical Signs | |

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Brien M.D. M. D.
(Address) Winthrop, Mass Date April 29, 1946

21 St Mary's Lynn
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 2 1946

22 NAME OF FUNERAL DIRECTOR Garrett J. Hall
ADDRESS 103 Johnson St Lynn

Received and Filed MAY 1 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

# COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 83

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Kennedy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) None

(a) Residence. No. 41 Neptune Rd. E. Boston, St. Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hosp. years months 59 days. In this community 50 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Female | 4 COLOR OR RACE: White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full): Thomas Kennedy | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 74 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: Housework | |
| 10 Industry or Business: Own Home | |
| 11 Social Security No. none | |
| 12 BIRTHPLACE (City) (State or country): Ireland | |
| PARENTS 13 NAME OF FATHER: William Bolton | |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Ireland | |
| 15 MAIDEN NAME OF MOTHER: Ellen Not Known | |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland | |
| 17 Informant: Anna Johnson (Relation, if any: daughter) (Address) 41 Neptune Road E.B. | |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Gladys A. Dean (Signature of Agent of Board of Health or other)
Agent (Official Designation) 5/2/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 18 DATE OF DEATH: April (Month) - 30 (Day) - 1946 (Year) |
| 19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Cardiac Decompensation; Arteriosclerotic Heart Disease; Recent Fracture Lt Pelvis |
| 20 Accident, suicide, or homicide (specify) Accidental. Date of occurrence Feb 25 1946. Where did injury occur? E. Boston (City or town and State). Did injury occur in or about home, on farm, in industrial place, or in public place? ... (Specify type of place). Manner of Injury: Fell accidentally at her home. Nature of Injury: on Feb-25-1946. While at work? — Was there an autopsy? no |
| 21 Was disease or injury in any way related to occupation of deceased? — If so, specify ... (Signed) Wm. J. Brickley M.D. (Address) Boston Date April 30 1946 |
| 22 Holy Cross, Malden — Place of Burial, Cremation or Removal. (City or Town). DATE OF BURIAL May 3 1946 |
| 23 NAME OF FUNERAL DIRECTOR: Frederick J. Magrath. ADDRESS: East Boston, Mass. |
| Received and filed MAY 6 1946 ... 19 ... (Registrar) |

extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**..............................................................

.................................................................................................

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.................................................................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

301 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 84

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 220 Cottage Park Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael Keough ~~Kehoe~~
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence, No. 220 Cottage Park Road St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months days. (Before death) (Specify whether) In this community 40 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of | Ellen McLaughlin (Give maiden name of wife in full) |
| (or) WIFE of | (Husband's name in full) |
| 6 Age of husband or wife if alive | 65 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 61 Years Months Days; If less than 1 day Hours Minutes |
| 9 Usual Occupation: | Roofer |
| 10 Industry or Business: | Prop. |
| 11 Social Security No. | Cannot be learned |
| 12 BIRTHPLACE (City) (State or country) | Harbor Grace, Newfoundland N.F. |
| PARENTS 13 NAME OF FATHER | John Keough |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Harbor Grace, Newfoundland N.F. |
| 15 MAIDEN NAME OF MOTHER | Julia Purcell |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Harbor Grace, Newfoundland N.F. |
| 17 Informant (Address) | Ellen Keough (Relation, if any: Wife) 220 Cottage Park Road |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Gladys R. D'Errico (Signature of Agent of Board of Health or other)
Agent (Official Designation) 5/2/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH | April (Month) 30 (Day) 1946 (Year) |

19 I HEREBY CERTIFY, That I attended deceased from April 6, 1946, to April 30, 1946
I last saw him alive on April 30, 1946 death is said to have occurred on the date stated above, at 7^20 P m.

| Immediate cause of death | Duration |
|---|---|
| Broncho pneumonia | 4/26/46 |
| Due to RV/Hemiplegia | April 6/46 |
| Due to Hypertension & Hypertensive heart disease | 1940 |

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ........ Date of ........
Of autopsy ........
What test confirmed diagnosis? Clinical Exam

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Louis E. Schaffer M. D.
(Address) 19 ... St. Date 5/2 1946

21 Holy Cross, Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 3 1946

22 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed MAY 6 1946 19 (Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnisbing a certificate of deatb as required by the preceding section or by section forty-five of chapter one hundred and fonrteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in whicb it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and tbe secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which sball, for said purposes, be deemed to have taken place betwecn February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen bundred and two, and tbe Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No nndertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomh other than the receiving tomb to another in the same ccmetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, bis certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate reqnired of the attending physician. If death is cansed by violence, tbe medical examiner shall make snch certificate. If sncb a permit for the removal of a buman body, not previously interred, from one town to anotber within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for sucb removal; provided, that such body shall be returned to the town from whicb it was removed within thirty-six hours after sncb removal, unless a permit in the usual form for the removal of such body bas been sooner obtained herennder. If the deatb certificate contains a recital, as reqnired by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or canse of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issne snch permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home wben the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These inclnde not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deatbs following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related canses, name earlier morbid conditions, if any, related to the principal canse and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from bnsiness, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF DEATH

State File No. 85
Registrar's No.

State of 90

1. PLACE OF DEATH:
(a) County Tolland
(b) City or town Vernon (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Hartford Tpke (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County Suffolk
(c) City or town Winthrop (If outside city or town limits, write RURAL)
(d) Street No. 15 Charles (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) FULL NAME Daniel W. B. Edmonston
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Cath Johnson
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased — — 1911 (Month) (Day) (Year)
8. AGE: Years 35 Months — Days — If less than one day hr. min.
9. Birthplace (City, town, or county) D.C. (State or foreign country)
10. Usual occupation Sales Mg. & Advertising
11. Industry or business Nat. Natl Stores
FATHER 12. Name Simon Edmonston
13. Birthplace (City, town, or county) md (State or foreign country)
MOTHER 14. Maiden name Marie Baker
15. Birthplace (City, town, or county) D.C. (State or foreign country)
16. (a) Informant's own signature Mrs. W. Edmonston
(b) Address Winthrop Mass
17. (a) Evergreen (Burial, cremation, or removal) (b) Date thereof 1/29/46 (Month) (Day) (Year)
(c) Place; burial or cremation Boston Mass
18. (a) Signature of funeral director L. A. White
(b) Address Rockville Ct.
19. (a) 1/26/46 (Date received local registrar) (b) U. C. Lentocha Asst (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month Jan day 25 year 1946 hour 9 minute P.M.
21. I hereby certify that I attended the deceased from Jan 25, 1946, to Jan 25, 1946
that I last saw him alive on never, 19
and that death occurred on the date and hour stated above.
Immediate cause of death Fracture of Skull / Brain Laceration — Duration
Due to
Due to
Other conditions Multiple Fractures (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 1-25-46
(c) Where did injury occur? Vernon (City or town) Tolland (County) Ct. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hgwy (Specify type of place)
While at work? no (e) Means of injury auto accident med Ex
23. Signature L. W. Levine (M. D. ~~or other~~)
Address Ellington Ct Date signed 1/25/46

CONFIDENTIAL

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

MAY 14 1946

FORM R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH
- (County): Suffolk
- (City or Town): Boston
- No.: Mass.General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return): Boston

Registered No. 401086

2 FULL NAME: Viola Whitten
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR): 

(a) Residence. No. 64 Main St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ______ years ______ months ______ days. In this community Life yrs. ______ mos. ______ days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | F |
| 4 COLOR OR RACE | W |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) | |
| (or) WIFE of (Husband's name in full) | Frederick Whitten |
| 6 Age of husband or wife if alive | 41 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 38 Years 10 Months 28 Days; If less than 1 day ______ Hours ______ Minutes |
| 9 Usual Occupation | Housewife |
| 10 Industry or Business | At Home |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or country) | Roxbury Mass |
| PARENTS: 13 NAME OF FATHER | George M Hoyt |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | New Brunswick Can. |
| 15 MAIDEN NAME OF MOTHER | Eva Smith |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | New Brunswick Can. |
| 17 Informant (Address) | Husband (Relation, if any) |

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH (Month) (Day) (Year) | April 25/46 |

19 I HEREBY CERTIFY, That I attended deceased from April 25, 1946, to April 26, 1946. I last saw her alive on April 26, 1946, death is said to have occurred on the date stated above, at 11;40P m.

| | Duration |
|---|---|
| Immediate cause of death: Subarachnoid hemorrhage | 3 D |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: None | |
| Date of | |
| Of autopsy | |
| What test confirmed diagnosis? Clinical | |

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ______
If so, specify ______
(Signed) C L Clay M. D.
(Address) Mass.General Hospt Date 4-27 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem-Everett Mass. (Cemetery) (City or Town)
DATE OF BURIAL: April 30/46 19

22 NAME OF FUNERAL DIRECTOR: L E Parker
ADDRESS: East Boston Mass.

Received and filed MAY 18 1946 19
(Registrar of City or Town where deceased resided)

A TRUE COPY.
ATTEST: ______
(Registrar of city or town where death occurred)
DATE FILED May 1 1946

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

R-303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 87

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Cottage Park Yacht Club - Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J Cawthorne
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) World War No

(a) Residence. No. 48 Waldemar Ave, Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community 44 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Margaret Hart (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years — Months — Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Salesman

10 Industry or Business: J. McAdams Co

11 Social Security No. 010-05-7496

12 BIRTHPLACE (City) (State or country) East Boston, Mass

PARENTS

13 NAME OF FATHER George M. Cawthorne

14 BIRTHPLACE OF FATHER (City) (State or country) East Boston Ma

15 MAIDEN NAME OF MOTHER Mary A. Kelly

16 BIRTHPLACE OF MOTHER (City) (State or country) East Boston

17 Informant Margaret Cawthorne Relation, if any Wife
(Address) 48 Waldemar Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (0354)

THOMAS F. GOOD
(Signature of Agent of Board of Health or other)

(Official Designation) MAY 6 1946 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 3 (Day) 1946 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary thrombosis

20 Accident, suicide, or homicide (specify)
Date of occurrence ... 19...
Where did Injury occur? (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury
Nature of Injury
While at work? ... Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A R Morf, M. D.
(Address) 25 ... Date 5/4 1946

22 Holy Cross Cem. Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 7th 1946

23 NAME OF FUNERAL DIRECTOR Joseph E. Farrell
ADDRESS 256 Adams St Dorchester

Received and filed MAY 25 1946
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
extracts from the laws relative to the return of certificates of death.

50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)** ........ If Wife [illegible] Vet. [illegible]

Date entered Service ..........

" discharge ..........

Rank & Organization ..........

Serial Number ..........

**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 4236 88

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass.General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Monica King
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 249 Shore Drive St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 7 days. In this community yrs. mos. 7 days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | F |
| 4 COLOR OR RACE | W |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | John King |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE Years Months Days / If less than 1 day Hours Minutes | 60 Years |
| 9 Usual Occupation | At Home |
| 10 Industry or Business | Housework |
| 11 Social Security No. | |
| 12 BIRTHPLACE (City) (State or country) | South Boston Mass. |
| PARENTS: 13 NAME OF FATHER | John King |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Catherine King |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | South Boston Mass. |
| 17 Informant (Address) | L Daffin (Relation, if any: Daughter) |

| MEDICAL CERTIFICATE OF DEATH | | Duration |
|---|---|---|
| 18 DATE OF DEATH (Month) (Day) (Year) | May 4/46 | |
| 19 I HEREBY CERTIFY, That I attended deceased from April 30, 1946, to May 4, 1946. I last saw her alive on May 4, 1946, death is said to have occurred on the date stated above, at 3:05AM m. | | |
| Immediate cause of death | Anemia | 2 Yrs |
| Due to | Carcinoma of cecum | Unknown |
| Due to | Rheumatic heart disease with mitral and aortic stenosis; hydrothorax | |
| Other conditions (Include pregnancy within 3 months of death) | chronic glomerulo nephritis | |
| Major findings: Of operations | None | |
| Date of | | |
| Of autopsy | Carcinoma of cecum | |
| What test confirmed diagnosis? | autopsy | |
| 20 Was disease or injury in any way related to occupation of deceased? | No | |
| If so, specify | | |
| (Signed) | T S Hamilton, M. D. | |
| (Address) | Mass General Hospt Date 5-4 1946 | |
| 21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or Town) | Milton Cem-Milton Mass. | |
| DATE OF BURIAL | May 7/46 | |
| 22 NAME OF FUNERAL DIRECTOR | R J DeNeill | |
| ADDRESS | Revere Mass. | |
| Received and filed | MAY 1 1946 | |
| (Registrar of City or Town where deceased resided) | | |

Physician: Underline the cause to which death should be charged statistically.

A TRUE COPY.
ATTEST: (Registrar of city or town where death occurred)
DATE FILED May 8 1946

Copies of returns of deaths ... residing in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 89

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 57 Locust St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Ellen F. Kelley Shelley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 57 Locust St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution — years months days. In this community 10 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Shelley (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years 1 Months ...... Days | If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: At home

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Cambridge Mass.

PARENTS

13 NAME OF FATHER Joseph J. Kelley

14 BIRTHPLACE OF FATHER (City) (State or country) Clare Ireland

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country) Mary McGinn Cambridge Mass

17 Informant Joseph J. Shelley (Relation, if any Son)
(Address) 54 Locust St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Gladys ... Dean
(Signature of Agent of Board of Health or other)
Acting Agent 5/7/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 5 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 4, 1946 to May 5, 1946
I last saw her alive on May 5, 1946 death is said to have occurred on the date stated above, at 4.30 p.m.

| | Duration |
|---|---|
| Immediate cause of death. Cardiac decompensation | IMPORTANT |
| Due to Hypertension — Hypertensive heart disease | |
| Due to arteriosclerosis | |
| Other conditions (Include pregnancy within 3 months of death) | IMPORTANT |
| Major findings: Of operations ...... Date of ...... | Physician Underline the cause to which death should be charged statistically. |
| Of autopsy | |
| What test confirmed diagnosis? | |

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. N. Caplan M. D.
(Address) 186 Bunceton St. S3 Date 5-7 1946

21 Fairview Hyde Park
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 8 1946

22 NAME OF FUNERAL DIRECTOR Joseph J. Kelley
ADDRESS 336 Broadway Cambridge

Received and filed MAY 9 1946 19
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

R R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 90

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Reissued notified 4/10/46

2 FULL NAME Alice T. Bradley (nee Whalen) (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 93 Beach St. Revere (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months 2 days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | female |
| 4 COLOR OR RACE | white |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | widowed |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | Charles A. Bradley |
| 6 Age of husband or wife if alive | years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 71 Years 7 Months — Days; If less than 1 day: Hours Minutes |
| 9 Usual Occupation | housewife |
| 10 Industry or Business | at home |
| 11 Social Security No. | none |
| 12 BIRTHPLACE (City) (State or Country) | Natick Mass |
| PARENTS 13 NAME OF FATHER | Thomas P. Whalen |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Ellen Smiddy |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Ireland |

17 Informant Eleanor Bradley (Relation, if any) daughter
(Address) 93 Beach St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Gladys A. Dean
(Signature of Agent of Board of Health or other)
Asst. Clerk (Official Designation) May 12/1946 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 11 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 8, 1946, to May 11, 1946
I last saw her alive on May 11, 1946, death is said to have occurred on the date stated above, at 6.55 Am.

| Immediate cause of death | Duration (IMPORTANT) |
|---|---|
| Cerebral Hemorrhage | 3 days |
| Due to Arterial Hypertension | 6 years |
| Due to | |

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis?

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John F. Collins M. D.
(Address) 125 Loring Rd Winthrop Date May 11 1946

21 St. Joseph's Lynn
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 13 1946

22 NAME OF FUNERAL DIRECTOR Murray & Murray
ADDRESS Revere Mass

Received and Filed MAY 1 [illegible] 19 (Registrar)

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

# COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 91

Boston nullified 6/10/46

1 PLACE OF DEATH (County) Winthrop (City or Town)
No. Winthrop Comm. Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Russo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 8 Garden Ct. St. Boston, Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) — (Specify whether) years months days. In this community yrs. mos. days.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE ... Years ... Months ... Days — If less than 1 day ... Hours ... Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. ~~none~~

12 BIRTHPLACE (City) (State or Country) Winthrop, Mass.

PARENTS
13 NAME OF FATHER Angelo Russo
14 BIRTHPLACE OF FATHER (City) (State or Country) Boston, Mass.
15 MAIDEN NAME OF MOTHER Mildred Richie
16 BIRTHPLACE OF MOTHER (City) (State or Country) Boston, Mass

17 Informant Angelo Russo (Relation, if any Father)
(Address) 8 Garden Ct. St. Boston, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Gladys A. Dean
(Signature of Agent of Board of Health or other)
Acting Agent — 5/14/46
(Official Designation) (Date of Issue of Permit)

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH May (Month) 12 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m.

Immediate cause of death Stillborn

Duration

IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 0

Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Jennie S. Roitman, M. D.
(Address) 47 Washington Av. Winthrop Date 5-13 1946

21 St. Michael's, Roslindale, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 14, 1946

22 NAME OF FUNERAL DIRECTOR Fred Vello Russo
ADDRESS 25 Prince St. Boston, Mass

Received and Filed 19
MAY 15 1946
(Registrar)

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION

1301 A

Boston notified 6/10/46

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 92

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Palmieri
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 286 Maverick St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years — months 2 days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 2 Days If less than 1 day Hours Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

13 NAME OF FATHER Enrico Palmieri

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Lena Marcella

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass.

17 Informant Enrico Palmieri Relation, if any Father
(Address) 286 Maverick St. E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Gladys A. Dean
(Signature of Agent of Board of Health or other)
Agent
(Official Designation)
5/14/46
(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 13 (Day) 46 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 11, 1946, to May 13, 1946
I last saw him alive on May 13, 1946 death is said to have occurred on the date stated above, at 6 P. m.

Immediate cause of death

Due to Premature (6 mos - 3 wks)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?

Duration

IMPORTANT

IMPORTANT

Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. Potenza M. D.
(Address) 238 Maverick Date 5/13 1946

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 14 1946

22 NAME OF FUNERAL DIRECTOR Jenney Di Pietro
ADDRESS 204 Maverick St. E.B.

Received and filed MAY 15 1946
(Registrar)

100m-(g)-1-45-15510

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 93

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 39 Coral Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret E. Driscoll Connelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 39 Coral Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | female |
| 4 COLOR OR RACE | white |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of (Give maiden name of wife in full) (Husband's name in full) | Michael J. Connelly |
| 6 Age of husband or wife if alive | 79 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 84 Years — Months — Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Housewife |
| 10 Industry or Business: | Own Home |
| 11 Social Security No. | — |
| 12 BIRTHPLACE (City) (State or country) | Hudson Massachusetts |
| PARENTS 13 NAME OF FATHER | John Driscoll |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Hannah Regan |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Ireland |
| 17 Informant (Address) | Francis Connelly (Relation, if any: Son) 39 Coral Ave, Winthrop |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
5/15/46
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 14 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 15, 1945, to May 13, 1946
I last saw her alive on May 13, 1946 death is said to have occurred on the date stated above, at 12:30 p.m.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of Bladder | Two years |
| Due to — | |
| Due to — | |
| Other conditions (Include pregnancy within 3 months of death) — | |

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations none
Date of —
Of autopsy none
What test confirmed diagnosis? clinical signs

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Brien M. D.
(Address) Winthrop, Mass. Date May 14, 1946

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 17 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop Mass.

Received and filed MAY 15 1946
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

### EXTRACTS FROM THE LAWS OF THE
### COMMONWEALTH OF MASSACHUSETTS
### GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________________

DATE OF ENTERING MILITARY SERVICE ____________________

DATE OF DISCHARGE ____________________

RANK, RATING ____________________

ORGANIZATION AND OUTFIT ____________________

SERVICE NUMBER ____________________

-303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 94

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 99 Main St. Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Andrew Flynn
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) No

(a) Residence. No. 99 Main St. Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution No years months days. (Before death) (Specify whether) In this community yrs. 3 mos. 14 days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. —

8 AGE Years 3 Months 14 Days If less than 1 day Hours Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

13 NAME OF FATHER Thomas F. Flynn

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Mary T. Green

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant Thomas F. Flynn Relation, if any Father
(Address) 99 Main St, Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/15/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May - 14 - 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
asphyxiation - Retropharyngeal
Hypertrophied Tonsils

20 Accident, suicide, or homicide (specify) accidental
Date of occurrence May - 14 - 1946
Where did injury occur? Winthrop (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury Found dead in his carriage
Nature of Injury at his home
While at work? — Was there an autopsy? —

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Wm. J. Brickley M.D., M. D.
(Address) Boston Date May 14 1946

22 Winthrop, Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 15, 1946

23 NAME OF FUNERAL DIRECTOR John C. Kelly
ADDRESS 11 Meridian St, E.B.

Received and filed MAY 20 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
extracts from the laws relative to the return of certificates of death.

50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)** ..........................................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

1301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 95

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 112 Hermon St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary C Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 112 Hermon St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution no— years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female / 4 COLOR OR RACE: White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: May (Month) 14, (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of James J. Kelly (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from June 5, 1945, to May 13, 1946. I last saw her alive on May 13, 1946, death is said to have occurred on the date stated above, at 5 A. m. |
| 6 Age of husband or wife if alive ~~deceased~~ years | Immediate cause of death: Cerebral Hemorrhage — Duration: 10 days (IMPORTANT) |
| 7 IF STILLBORN, enter that fact here. | Due to Arteriosclerotic Heart Disease — 5 yrs. |
| 8 AGE 63 Years — Months — Days; If less than 1 day ... Hours ... Minutes | Chronic Nephritis — 5 yrs. |
| 9 Usual Occupation: House wife | Due to Chronic Arthritis — 18 yrs. |
| 10 Industry or Business: own home | |
| 11 Social Security No. none | Other conditions (Include pregnancy within 3 months of death) |
| 12 BIRTHPLACE (City) Boston (State or country) Mass. | IMPORTANT — Physician: Underline the cause to which death should be charged statistically. |
| PARENTS — 13 NAME OF FATHER: George Whiteley | Major findings: Of operations ... Date of ... |
| 14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass. | Of autopsy ... |
| 15 MAIDEN NAME OF MOTHER: Catherine Kelleher | What test confirmed diagnosis? Physical Examination |
| 16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass. | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify ... (Signed) Samuel B. Goldberg, M.D. M. D. (Address) 270 Shirley St Winthrop Date May 14, 1946 |
| 17 Informant Catherine J Kelly daughter (Relation, if any) (Address) 112 Hermon St., Win. | 21 Winthrop Winthrop — Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL May 17 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter L. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 5/15/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR John C. Kelly ADDRESS 11 Meridian St., E. B. |
| | Received and filed MAY 20 1946 19 ... (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect. ... extracts from the laws on back of certificate.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

R-301 A

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 96

2 FULL NAME ~~(Mrs.)~~ Mabel Scott
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Townsend Street, Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) [illegible] (Specify whether) – years 3 months 21 days. In this community 30 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Morton Scott (Husband's name in full)

6 Age of husband or wife if alive – years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 8 Months 26 Days. If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country) Worcester Mass.

PARENTS

13 NAME OF FATHER Raymond Smith

14 BIRTHPLACE OF FATHER (City) (State or Country) Norway

15 MAIDEN NAME OF MOTHER Lena Hanson

16 BIRTHPLACE OF MOTHER (City) (State or Country) Norway

17 Informant Morton ~~Smith~~ Scott Husband (Relation, if any)
(Address) 15 Townsend St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/15/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 14 (Day), 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 23, 1945, to May 14, 1946
I last saw her alive on May 13, 1946, death is said to have occurred on the date stated above, at 6 55 A.m.

Immediate cause of death: Rheumatic Heart Disease with congestive failure — Duration: 1 Year
~~Due to~~ Chronic Glomerulo-nephritis (Glomerulo) — 4 months
~~Due to~~ Asthmatic Bronchitis — 2 years

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Date of Of autopsy None

What test confirmed diagnosis? Clinical & Laboratory

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice Traunstein Jr., M. D.
(Address) 562 Shirley St, Winthrop Date May 14, 1946

21 Place of Burial, Cremation or Removal. Winthrop Winthrop (City or Town)
DATE OF BURIAL May 16 1946

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and Filed MAY 16 1946 19
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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## RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health, or its Agent.

Registered No. 97

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 24 Winthrop St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel J. Devlin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 24 Winthrop St. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Male | 4 COLOR OR RACE: White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | |
| 5a If married, widowed or divorced HUSBAND of Catherine A. Kelley (Give maiden name of wife in full) | |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 71 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: Retired Customs Officer | |
| 10 Industry or Business: U. S. Customs | |
| 11 Social Security No. — | |
| 12 BIRTHPLACE (City) Londonderry (State or country) Ireland | |
| PARENTS 13 NAME OF FATHER John Devlin | |
| 14 BIRTHPLACE OF FATHER (City) ... (State or country) Ireland | |
| 15 MAIDEN NAME OF MOTHER Charity McCafferty | |
| 16 BIRTHPLACE OF MOTHER (City) ... (State or country) Scotland | |
| 17 Informant Catherine A. Devlin (Relation, if any: daughter) (Address) 24 Winthrop St Winthrop | |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/21/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 21 (Month) (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March, 1946 to May 21, 1946,
I last saw him alive on May 21, 1946, death is said to have occurred on the date stated above, at 5 25 A m.

Immediate cause of death [illegible] — Duration: [illegible]
Due to [illegible]
Due to [illegible]
Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations ... Date of ...
Of autopsy ...
What test confirmed diagnosis? Clinical

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify ...
(Signed) [illegible] M. D.
(Address) [illegible] Date 5/21 1946

21 Winthrop ... Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 24, 1946 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop, Mass

Received and filed MAY 22 1946 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______________________

DATE OF ENTERING MILITARY SERVICE ______________________

DATE OF DISCHARGE ______________________

RANK, RATING ______________________

ORGANIZATION AND OUTFIT ______________________

SERVICE NUMBER ______________________

.01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 98

1 PLACE OF DEATH
Suffolk. (County)
Winthrop. (City or Town)
No. 185 Woodside Avenue. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Belle Marden.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 185 Woodside Avenue. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community 2 yrs. 10 mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Horace Charles Marden.
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 3 Months 24 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: At Home

10 Industry or Business: —

11 Social Security No. None

12 BIRTHPLACE (City) Waldo. (State or country) Maine.

PARENTS

13 NAME OF FATHER Joshua C. Littlefield

14 BIRTHPLACE OF FATHER (City) Emden. (State or country) Maine.

15 MAIDEN NAME OF MOTHER Sarah J. Eames.

16 BIRTHPLACE OF MOTHER (City) Swanville. (State or country) Maine.

17 Informant Mrs. Vernon C. Kerr. Relation if any (Daughter)
(Address) 185 Woodside Ave. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/23/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 22 (Day) 1946. (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 13, 1946, to May 22, 1946
I last saw her alive on May 22, 1946 death is said to have occurred on the date stated above, at 10:15 p.m.

| | Duration |
|---|---|
| Immediate cause of death: Broncho-pneumonia | 2 weeks |
| Due to: Pulmonary Tuberculosis | 3-4 years |
| Due to: | |
| Other conditions (include pregnancy within 3 months of death): Arteriosclerosis | 5 years |
| Senility | 1-2 years |

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? clinical & lab.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Shirley St. Winthrop Date May 23 1946

21 Brooks Town Cemetery Brooks Me.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 24, 1946. 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop Mass.

Received and filed MAY 25 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(1)-1-44-13634

**EXTRACTS FROM THE LAWS OF THE**
**COMMONWEALTH OF MASSACHUSETTS**
**GOVERNING THE**

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as reqnired by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 4768

99

1 PLACE OF DEATH
Suffolk
(County)
Boston
(City or Town)
No. Children's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stuart Cash
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 65 Revere St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months 2 days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE ....Years ....Months 2 ....Days | If less than 1 day ....Hours ....Minutes

9 Usual Occupation: ----

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Winthrop Mass.

PARENTS

13 NAME OF FATHER: Daniel Cash

14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass.

15 MAIDEN NAME OF MOTHER: Kathleen Hurley

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass.

17 Informant (Address): Father ( Relation, if any )

A TRUE COPY. ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED May 27/46 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 23/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 21, 1946, to May 23/46 19
I last saw him alive on May 23, 1946, death is said to have occurred on the date stated above, at 1;30P m.

Immediate cause of death: Erythroblastosis fetalis — Duration: 2 Days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy None

What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F C Robbins, M. D.
(Address) 300 Longwood Ave. Date 5-23, 19 46

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass.
(Cemetery) (City or Town)

DATE OF BURIAL May 25/46 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop Mass.

Received and filed JUN 4 1946 19
(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

301 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 100

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 35 Nevada St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lena Cooper
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 35 Nevada St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 4 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Cooper
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years ...... Months ...... Days | If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: Housework

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Harry Weldman

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Etta (cannot be learned)

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Rebecca Mel... Relation, if any Daughter
(Address) 35 Nevada St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/31/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 30 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December, 1945, to May 30, 1946
I last saw her alive on May 30, 1946, death is said to have occurred on the date stated above, at 1¹⁵ p. m.

| | Duration |
|---|---|
| Immediate cause of death Cardiac decompensation | 2 days |
| Due to Generalized arterio sclerosis | 2 years |
| ~~Due to~~ Cirrhosis of liver | 10 years |
| Other conditions (Include pregnancy within 3 months of death) | |

IMPORTANT

Major findings:
Of operations ........ Date of ........
Of autopsy ........
What test confirmed diagnosis? Clinical

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ........
(Signed) Paul Weinzaft M. D.
(Address) 238 Shore Drive Winthrop Date 5/30 1946

21 Tifereth Israel — Woburn
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 31, 1946

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St., Dor.

Received and filed JUN 4 1946 19
(Registrar)

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R101 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 101

1 PLACE OF DEATH
Suffolk (County) Boston notified 6/10/46
Winthrop (City or Town)
No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward F Wallace
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 1179 Saratoga St. E Boston Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years 1 months days. In this community 40 yrs. mos. days.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed
5a If married, widowed, or divorced HUSBAND of Elizabeth Murphy (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 78 Years Months Days | If less than 1 day Hours Minutes
9 Usual Occupation: Steelworker
10 Industry or Business: Own Steel Co
11 Social Security No. none
12 BIRTHPLACE (City) St Johns (State or country) Newfoundland

PARENTS
13 NAME OF FATHER James Wallace
14 BIRTHPLACE OF FATHER (City) St Johns (State or country) Newfoundland
15 MAIDEN NAME OF MOTHER Catherine Kelley
16 BIRTHPLACE OF MOTHER (City) St Johns (State or country) Newfoundland
17 Informant (Address) Mary Grant 1179 Saratoga St, E B Relation, if any (daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer 6/3/46
(Official Designation) (Date of Issue of Permit)

### MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 30, 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1, 1945 to May 30, 1946
I last saw him alive on May 30, 1946 death is said to have occurred on the date stated above, at 9.20 P. m.

| | Duration |
|---|---|
| Immediate cause of death Acute Pulmonary Edema | 1 day |
| Due to Chronic Myocarditis | 1 yr. |
| Due to Burgers | |
| Other conditions Burgers disease (Include pregnancy within 3 months of death) | |

IMPORTANT Physician: Underline the cause to which death should be charged statistically

Major findings: Of operations Gangrene left 4 toes Date of 5/10/46
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) George H Schwartz M. D.
(Address) 19 Princeton St EB Date 5/31 1946

21 Place of Burial, Cremation or Removal. Holy Cross Cemetery, Malden (City or Town)
DATE OF BURIAL June 3 1946

22 NAME OF FUNERAL DIRECTOR John F Hurley
ADDRESS 13 Lexington St E Boston

Received and filed JUN 4 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known.. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James W. Nolan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Moore St. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years 1 months 14 days. In this community 25 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed or divorced HUSBAND of | Lillian McPherson (Give maiden name of wife in full) |
| (or) WIFE of | (Husband's name in full) |
| 6 Age of husband or wife if alive | 62 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 65 Years Months Days; If less than 1 day Hours Minutes |
| 9 Usual Occupation: | Supply Dep't |
| 10 Industry or Business: | U. S. N. Boston Mass |
| 11 Social Security No. | 023-10-6800 |
| 12 BIRTHPLACE (City) (State or Country) | East Boston, Massachusetts |
| PARENTS 13 NAME OF FATHER | Florence Nolan |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Hanna Buckley |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | England |
| 17 Informant (Address) | Lillian Nolan (Relation if any: Wife), 15 Moore St Winthrop |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/3/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 31 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 24, 1940, to May 31, 1946
I last saw him alive on May 30, 1946 death is said to have occurred on the date stated above, at 1:30 A m.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of transverse colon | 3 mos |
| Due to General carcinomatosis | 1 mo. |
| Due to Gastric ulcer | 5 1/2 years |
| Uremia | 2 days |
| Other conditions (Include pregnancy within 3 months of death) Pleurisy with effusion rt. chest (1 mo) | |

Major findings: Of operations Ruptured gastric ulcer Date of July 25/1940
Of autopsy none
What test confirmed diagnosis? clinical & lab

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D., M. D.
(Address) 562 Shirley St Date June 1 1946.

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 3, 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass.

Received and Filed JUN 4 1946 19 (Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Westborough (City or town making return)

Registered No. 125 103

1 PLACE OF DEATH
Worcester (County)
Westborough (City or Town)
No. Westborough State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Myrton L. Davis (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 76 Fremont St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Instit. (Specify whether) - years - months 8 days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: male · 4 COLOR OR RACE: white · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married | 18 DATE OF DEATH: May 14, 1946 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from May 6, 1946, to May 14 1946, I last saw him alive on May 13, 1946, death is said to have occurred on the date stated above, at ....m. |
| 6 Age of husband or wife if alive .... years | Immediate cause of death .... Duration |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 68 Years .... Months .... Days · If less than 1 day .... Hours .... Minutes | Due to Chronic Myocarditis, Arteriosclerosis |
| 9 Usual Occupation: none | Due to Hypertension, Terminal Bronchopneumonia |
| 10 Industry or Business: | Other conditions (Include pregnancy within 3 months of death) |
| 11 Social Security No. | Major findings: Of operations .... Date of .... |
| 12 BIRTHPLACE (City) (State or country) Maine | Of autopsy .... |
| PARENTS — 13 NAME OF FATHER: Unascertained | What test confirmed diagnosis? Clinical |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Maine | 20 Was disease or injury in any way related to occupation of deceased? .... If so, specify .... |
| 15 MAIDEN NAME OF MOTHER: Dora -- not learned | (Signed) E. Philip Freedman, M. D. (Address) Westboro S. H. Date 5/14 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Maine | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop Cem. (Cemetery) Winthrop (City or Town). DATE OF BURIAL May 16 1946 |
| 17 Informant (Address): Westborough State Hospital records (Relation, if any ....) | 22 NAME OF FUNERAL DIRECTOR: Alfred B. Marsh. ADDRESS: 174 Winthrop St. Winthrop |
| A TRUE COPY. ATTEST: [illegible] (Registrar of city or town where death occurred) DATE FILED May 16, 1946 | Received and filed JUN 14 1946 19.... (Registrar of City or Town where deceased resided) |

Physician: Underline the cause to which death should be charged statistically.

50m-(b)-6-44-14607

FORM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

Chelsea
(City or town making return)

Registered No. 296 104

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. Chelsea Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Boyce
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Madison Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution hospital years months 1 days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE ... Years ... Months ... Days | If less than 1 day ... Hours 40 Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Chelsea, Mass.

PARENTS

13 NAME OF FATHER Charles H. Boyce

14 BIRTHPLACE OF FATHER (City) (State or country) East Boston, Mass.

15 MAIDEN NAME OF MOTHER Nora E. Mortimer

16 BIRTHPLACE OF MOTHER (City) (State or country) East Boston, Mass.

17 Informant Charles H. Boyce (relation, if any: father)
(Address) 30 Madison Ave. Winthrop.

A TRUE COPY.
ATTEST: Joseph A. Terrell
(Registrar of city or town where death occurred)
DATE FILED 5/20/46 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 18, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 18 1946 to May 18 1946, or I last saw h... alive on ... 19..., death is said to have occurred on the date stated above, at 1:50 p.m.

Immediate cause of death: Anencephalus (Monstrosity) — Duration: 10 min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death): Pregnancy, Cesarean birth

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. L. Gately, M. D.
(Address) East Boston Date 5/20 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden, Mass.
(Cemetery) (City or Town)
DATE OF BURIAL May 20, 1946

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS East Boston, Mass.

Received and filed JUL 8 1946
(Registrar of City or Town where deceased resided)

WRITE PLAINLY WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

**1 PLACE OF DEATH**
Suffolk (County)
Boston (City or Town)
No. New England Hospt St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston (City or town making return)
Registered No. 1795

**2 FULL NAME** Baby Girl Sisson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 26 Bates Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months 10 days. In this community yrs. mos. 10 days.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) |
|---|---|---|
| F | W | Single |

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 10 Days | If less than 1 day Hours Minutes

9 Usual Occupation: ----

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Boston Mass.

**PARENTS**

13 NAME OF FATHER Jean Sisson

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass.

15 MAIDEN NAME OF MOTHER Evelyn Epstein

16 BIRTHPLACE OF MOTHER (City) (State or country) Haverhill Mass.

17 Informant Father (Relation, if any) (Address)

A TRUE COPY, ATTEST:
(Registrar of city or town where death occurred)

DATE FILED May 28/46 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 24/46 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 19, 1946, to May 24/46 19
I last saw her alive on May 24/46, death is said to have occurred on the date stated above, at 12;30P m.

Immediate cause of death Broncho Pneumonia — Duration: 6 Days

Due to

Due to

Other conditions Microcephally multiple congenital anomalies
(Include pregnancy within 3 months of death.)

Major findings: Of operations Date of
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A N Caplan, M. D.
(Address) Boston Mass Date 5-24 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Workmen's Circle (Cemetery) West Rox. (City or Town)

DATE OF BURIAL May 26/46 19

22 NAME OF FUNERAL DIRECTOR B Birnbach
ADDRESS Dorchester Mass.

Received and filed JUN 10 1946 19
(Registrar of City or Town where deceased resided)

... resided in another city or town at the time of death should be made forthwith and transmitted on form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

SOMERVILLE
(City or town making return)

Registered No. 364106

1 PLACE OF DEATH
MIDDLESEX
(County)
SOMERVILLE
(City or Town)
No. Home for the Aged. 186 Highland Ave., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nora O'Leary
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 19A Gudleston Road, St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In ~~xxxxxxxxxxx~~ Home 5 years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female,

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days — If less than 1 day: Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Ireland

PARENTS

13 NAME OF FATHER: Timothy O'Leary

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Catherine Leary

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Ellen Yarrows (Relation, if any: Sister)
(Address) 19A Gudleston Road, Winthrop, Mass.

A TRUE COPY.
ATTEST: Norman E. Donovan
(Registrar of city or town where death occurred)

DATE FILED May 27, 1946 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May 27, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 22, '46 19 , to May 27, '46 19 
I last saw her alive on May 26, 1946, death is said to have occurred on the date stated above, at ... m.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Myocardial Disease | |
| Due to: Arteriosclerosis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Gastro-intestinal neoplasm? Bleeding. | 2 days |

Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. H. Robbins, M. D.
(Address) Somerville, Mass. Date 5/27 19 46

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Malden, Mass
(Cemetery) (City or Town)
DATE OF BURIAL: May 29, 1946 19

22 NAME OF FUNERAL DIRECTOR: T. J. Magrath
ADDRESS: 64 Meridian St., E. Boston, Mass

Received and filed JUN 10 1946 19
(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4607

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

TON (City or town making return)

Registered No. 509107

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)
No. 854 Hyde Park Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maria M. Slocum (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) no

(a) Residence. No. 10 Underhill St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ... (Give maiden name of wife in full)
(or) WIFE of Isreal Huntington Slocum (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 1 Months 15 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia

PARENTS
13 NAME OF FATHER David MacIntosh
14 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Ann Smith
16 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

17 Informant E E Slocum (Relation if any son)
(Address)

A TRUE COPY. [signature]
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 6/6/46 19

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH June 3/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Cerebral hemorrhage
Treated for hypertension
Collapsed while visiting friend

20 Accident, suicide, or homicide (specify)
Date of occurrence ... 19
Where did injury occur? (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of injury
Nature of injury
While at work? ... Was there an autopsy? ...

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Timothy Leary M. D.
(Address) Boston Date 6/4/46 19

22 Winthrop Cem - Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 6/6/46 19

23 NAME OF FUNERAL DIRECTOR A B Marsh
ADDRESS Winthrop

Received and filed ... 19
JUN 22 1946
(Registrar of City or Town where deceased resided)

Left margin: ... resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

.01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 108

1 PLACE OF DEATH
Suffolk. (County)
Winthrop. (City or Town)
No. 571 Shirley Street. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Ernest Meryman.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 571 Shirley Street. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution — years months days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.
4 COLOR OR RACE: White.
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Lillie Rose Kainey
(Give maiden name of wife in full)
(or) WIFE of (per Mr. Marsh)
(Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 10 Months 22 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Fish Merchant

10 Industry or Business: Own business

11 Social Security No. —

12 BIRTHPLACE (City) Chelsea
(State or country) Mass

PARENTS
13 NAME OF FATHER Jacob Walter Meryman.
14 BIRTHPLACE OF FATHER (City) Portland
(State or country) Maine
15 MAIDEN NAME OF MOTHER Mary Jane Swett.
16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Albert H. Meryman (Relation, if any: Son)
(Address) 571 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 6/7/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 5. (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at 8 P m.

Immediate cause of death: Coronary Embolism

Due to: Ur. [illegible] Jurisdiction

Due to ...

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ... Date of ...
Of autopsy ...
What test confirmed diagnosis?

Duration

IMPORTANT

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Bd of Health Date 6/5 1946

21 cremation Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF ~~XXXX~~ June 8, 1946 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh.
ADDRESS 174 Winthrop St. Winthrop

Received and filed JUN 7 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(i)-1-44.13634

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

-01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 109

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 364 Winthrop Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Warren Johnson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 364 Winthrop St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community 56 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male / 4 COLOR OR RACE: White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | 18 DATE OF DEATH: June (Month) 9 (Day), 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Willette Richardson (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from January 10, 1946, to June 9, 1946. I last saw him alive on June 8, 1946 death is said to have occurred on the date stated above, at 12:25 A.m. |
| 6 Age of husband or wife if alive 77 years | Immediate cause of death: Chronic Glomerulo-nephritis (Duration: 6 months); Benign prostatic hypertrophy (8 months); Arteriosclerotic heart disease (18 months) |
| 7 IF STILLBORN, enter that fact here. | IMPORTANT |
| 8 AGE 78 Years 11 Months 7 Days. If less than 1 day ... Hours ... Minutes | |
| 9 Usual Occupation: Mailer | |
| 10 Industry or Business: Newspaper | |
| 11 Social Security No. 031-07-1048 | Other conditions (Include pregnancy within 3 months of death) |
| 12 BIRTHPLACE (City) East Boston (State or country) Mass. | IMPORTANT — Physician Underline the cause to which death should be charged statistically. |
| PARENTS — 13 NAME OF FATHER John Johnson | Major findings: Of operations For Benign prostatic hypertrophy. Ligation of veins of leg. Date of 2/15/46, 3/15/46, 3/23/46 |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Unable to obtain | Of autopsy None. What test confirmed diagnosis? Clinical & Laboratory. |
| 15 MAIDEN NAME OF MOTHER Elizabeth Chace | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) Salem (State or country) Mass. | (Signed) Maurice Traunstein Jr. M. D. (Address) 562 Shirley St. Winthrop Date June 9, 1946 |
| 17 Informant Willette Johnson (Relation, if any: Wife) (Address) 364 Winthrop St Winthrop | 21 Winthrop, Winthrop. Place of Burial, Cremation or Removal. (City or Town). DATE OF BURIAL June 11 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 6/11/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop, Mass. |
| | Received and filed JUN 12 1946 19 (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(1)-1-44-13654

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

31 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 110

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 35 Birch Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Donald D. McNeil
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 35 Birch Road St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community 25 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widower | 18 DATE OF DEATH: June (Month) 9 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Alice Gertrude Denning (Give maiden name of wife in full) | 19 I HEREBY CERTIFY, That I attended deceased from ......, 19...., to ......, 19.... |
| (or) WIFE of ...... (Husband's name in full) | I last saw h.... alive on ......, 19...., death is said to have occurred on the date stated above, at 1 P. m. |
| 6 Age of husband or wife if alive ...... years | Immediate cause of death: Natural causes |
| 7 IF STILLBORN, enter that fact here. | Due to: Probable coronary occlusion — Duration: few hours |
| 8 AGE 72 Years .... Months .... Days; If less than 1 day .... Hours .... Minutes | Due to ...... |
| 9 Usual Occupation: Buyer | Other conditions: Diabetes Mellitus — 3 yrs (Include pregnancy within 3 months of death) |
| 10 Industry or Business: United Markets | Major findings: Of operations ...... Date of ...... |
| 11 Social Security No. — | Of autopsy ...... |
| 12 BIRTHPLACE (City) (State or country): Prince Edward Island | What test confirmed diagnosis? ...... |
| PARENTS: 13 NAME OF FATHER: ~~Donald McNeil~~ unable to obtain | IMPORTANT — Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): ~~Unknown~~ unable to obtain | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify ...... |
| 15 MAIDEN NAME OF MOTHER: Julia McDonald | (Signed) Arthur E. Murray M. D. |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Prince Edward Island | (Address) Winthrop Board of Health Date 9 Jun 1946 |
| 17 Informant: Robert G. McNeil (Relation, if any) Son; (Address) 17 Cliff Ave Winthrop Mass | 21 Holy Cross Cemetery, Malden Mass — Place of Burial, Cremation or Removal. (City or Town) |
| | DATE OF BURIAL June 12 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me before the burial or transit permit was issued: | 22 NAME OF FUNERAL DIRECTOR Frank A. Welsh |
| Walter G. Baker (Signature of Agent of Board of Health or other) | ADDRESS 721 Broadway Chelsea Mass |
| Health Officer (Official Designation) 6/10/46 (Date of Issue of Permit) | Received and filed JUN 10 1946, 19.... (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a footnote to that effect.

100m(1)-1-44 13634

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ________________

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 111

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Cliff Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hannah Beaton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR).

(a) Residence. No. 7a Wilbur St. Everett Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) Rest Home (Specify whether) years months 14 days. In this community yrs. mos. 14 days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female | 18 DATE OF DEATH: June (Month) 14 (Day), 1946 (Year) |
| 4 COLOR OR RACE: White | 19 I HEREBY CERTIFY, That I attended deceased from June 13, 1946 to June 14, 1946 |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | last saw her alive on June 13, 1946 death is said to have occurred on the date stated above, at 7 15 A.M. |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A Beaton (Give maiden name of wife in full) (Husband's name in full) | Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days |
| 6 Age of husband or wife if alive 83 years | Due to: Hypertension-essential — 2 years |
| 7 IF STILLBORN, enter that fact here. | Due to: |
| 8 AGE 81 Years Months Days; If less than 1 day Hours Minutes | Other conditions (Include pregnancy within 3 months of death): None |
| 9 Usual Occupation: Housewife | Major findings: Of operations: None; Date of |
| 10 Industry or Business: At Home | Of autopsy: None |
| 11 Social Security No. None | What test confirmed diagnosis: Clinical + Laboratory |
| 12 BIRTHPLACE (City) (State or country): P. E. Island | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify |
| 13 NAME OF FATHER: Matthias MacDonald | (Signed) Maurice Traustein Jr., M. D. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Ireland | (Address) 562 Shirley St. Winthrop Date June 14, 1946 |
| 15 MAIDEN NAME OF MOTHER: Matilda Flynn | 21 Holy Cross Cem Malden Mass; Place of Burial, Cremation or Removal. (City or Town) |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland | DATE OF BURIAL: June 17, 1946 |
| 17 Informant: Lillian Dires; Relation, if any: Daughter; (Address) 7a Wilbur St Everett Mass. | 22 NAME OF FUNERAL DIRECTOR: John F. Ward; ADDRESS: 772 Broadway Everett Mass |

IMPORTANT

Physician Underline the cause to which death should be charged statistically.

was filed with me BEFORE the burial or transit permit was issued: I HEREBY CERTIFY that a satisfactory standard certificate of death
Walter J. Bazer
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/16/46 (Date of Issue of Permit)

Received and filed JUN 20 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(c)-3-43-11574

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

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## SPACE FOR ADDITIONAL INFORMATION

R-301 A

Boston Notified 7/10/46

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)

# The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 112

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy McGunigle · McGunigle
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 8 Thurston Street St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) years months ~~11 hrs~~ 10 hrs 42 min. In this community yrs. mos. ~~11 hrs~~ days.

| PERSONAL AND STATISTICAL PARTICULARS | | |
|---|---|---|
| 3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single |

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here

8 AGE ... Years ... Months XXX Days If less than 1 day ~~11~~ 10 Hours 42 Minutes

9 Usual Occupation: None

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop (State or Country) Mass.

PARENTS

13 NAME OF FATHER John J. McGunigle

14 BIRTHPLACE OF FATHER (City) East Boston (State or Country) Mass

15 MAIDEN NAME OF MOTHER Anna M. O'Connor

16 BIRTHPLACE OF MOTHER (City) East Boston (State or Country) Mass.

17 Informant John J. McGunigle Relation if any (Father)
(Address) 8 Thurston St., East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/19/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 15 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 15, 1946, to June 15, 1946
I last saw him alive on June 15, 1946, death is said to have occurred on the date stated above, at 7 p. m.

Immediate cause of death: Prematurity — Duration: ~~11 hrs~~ 10 hrs 42 min

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. N. Caplan, M. D.
(Address) 186 Princeton St E Boston Date 6-15-46 19

21 St. Michaels Cemetery, Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 19 1946

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston, Mass.

Received and Filed JUN 20 1946 19
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

-.)1 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 113

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 91 Bartlett Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lester Ellwood Richardson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 91 Bartlett Road St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 7 yrs. 6 mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Lucy Leighton Morgrage (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 6 Months 14 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Plumber

10 Industry or Business: S.H.Woodbury Co,Brewer,Maine

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Orington Maine.

PARENTS
13 NAME OF FATHER Howard Richardson
14 BIRTHPLACE OF FATHER (City) (State or country) Maine.
15 MAIDEN NAME OF MOTHER — Deering
16 BIRTHPLACE OF MOTHER (City) (State or country) Maine.

17 Informant Mrs. Edwin S. Lowell Relation, if any (daughter)
(Address) 91 Bartlett Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 6/17/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 15 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1946, to June 15, 1946
I last saw h— alive on June 14, 1946 death is said to have occurred on the date stated above, at 4 4 m.

| | Duration |
|---|---|
| Immediate cause of death: myocarditis (chronic) | 4 mos. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death): Bronchitis | 10 days |

IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings:
Of operations ... Date of ...
Of autopsy ...
What test confirmed diagnosis? ...

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Louis F. Salerno M. D.
(Address) 175 Pleasant St Date June 15 1946.

21 Oak Hill Cemetery Brewer, Maine
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 18,1946. 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed JUN 20 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(1)-1-44-13634

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate reqnired of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______________________

1303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 114

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Principe
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 47 Saratoga St, E.B. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp (Specify whether) – years – months 5 days. In this community 38 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Consiglia Esposito (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Foreman

10 Industry or Business: Electrical Plant

11 Social Security No. 024-01-4070

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER Celestino Principe

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Maria Di Giacva

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Consiglia Principe (Relation, if any wife)
(Address) 47 Saratoga St. E.Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/18/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 16 (Day) 1946 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Pulmonary embolus, following herniorrhaphy 6-12-46 –

20 Accident, suicide, or homicide (specify)
Date of occurrence 19
Where did Injury occur? (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury
Nature of Injury
While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify Said incurred at work (hernia)
(Signed) Richard Ford M. D.
(Address) 25 Shattuck St. Date 6-16 1946

22 St. Michael Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June - 20 - 1946

23 NAME OF FUNERAL DIRECTOR [signature]
ADDRESS 9 Chelsea Street East Boston.

Received and filed JUN 20 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m (g)-1-41-4007

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ... —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**..........................................................

....................................................................................................

....................................................................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

-301 A

# The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 115

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
Revere notified 7/10/46
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kathleen C. Tighe (Fitzgerald)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 55 Payson St. Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) – years – months 8 days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | | |
|---|---|---|
| 3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Edward Joseph Tighe (Husband's name in full) | | |
| 6 Age of husband or wife if alive 62 years | | |
| 7 IF STILLBORN, enter that fact here. | | |
| 8 AGE 55 Years Months Days | If less than 1 day Hours Minutes | |
| 9 Usual Occupation: Housewife | | |
| 10 Industry or Business: at home | | |
| 11 Social Security No. None | | |
| 12 BIRTHPLACE (City) Revere (State or Country) Mass. | | |
| PARENTS 13 NAME OF FATHER John V. Fitzgerald | | |
| 14 BIRTHPLACE OF FATHER (City) Chelsea (State or Country) Mass. | | |
| 15 MAIDEN NAME OF MOTHER Alice M. Burke | | |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) Nova Scota | | |

17 Informant Edward J. Tighe (Relation, if any) Husband
(Address) 55 Payson St., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 6/19/46
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 17 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 20, 1946, to June 17, 1946
I last saw her alive on June 17, 1946, death is said to have occurred on the date stated above, at 6.30 P. m.

| | Duration |
|---|---|
| Immediate cause of death: Cardiac insufficiency | 6-17-46 |
| Due to | |
| Due to Bronchial asthma | 20 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — Date of | |
| Of autopsy | |
| What test confirmed diagnosis? | |

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arnold Myerson [illegible], M. D.
(Address) 670 Beach St Revere Date 6-17 1946

21 Puritan Lawn Memorial Park Peabody
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 21, 1946.

22 NAME OF FUNERAL DIRECTOR Michael J. Porcella
ADDRESS 10 No. Benett St., Boston

Received and Filed JUN 20 1946
(Registrar)

per hosp. 7/9/46

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
See instructions and extracts from the laws on back of certificate.
DEATH ... in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

-301 A

DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100m-9-44-14955

# The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 116

Revere notified 7/1/46 [?]

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angelina Aldorisio
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 75 Davis St. St. Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. [?] (Specify whether) years months 1 days. In this community 45 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | Vincenzo Aldorisio |
| 6 Age of husband ~~or wife~~ if alive | 87 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 87 Years Months Days; If less than 1 day Hours Minutes |
| 9 Usual Occupation: | House work |
| 10 Industry or Business: | at home |
| 11 Social Security No. | none |
| 12 BIRTHPLACE (City) (State or Country) | Italy |
| PARENTS: 13 NAME OF FATHER | Generoso Pullo |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Italy |
| 15 MAIDEN NAME OF MOTHER | Maria Indindio |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Italy |

17 Informant Joseph Aldorisio (Relation, if any son)
(Address) 75 Davis St. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter D. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/26/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 23 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 22, 1946, to June 23, 1946
I last saw her alive on June 22, 1946 death is said to have occurred on the date stated above, at 1:25 A m.

Immediate cause of death Right-side cardiac failure c̄ anasarca — Duration 2 mos.
Due to Hypertension and arteriosclerotic heart disease — 2 years
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations — Date of — Of autopsy
What test confirmed diagnosis?

IMPORTANT
Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. D. Potito, M. D.
(Address) 7 Central Sq. E B Date 6/23 1946

21 Holy Cross — Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 27 — 1946

22 NAME OF FUNERAL DIRECTOR [illegible signature]
ADDRESS 9 Chelsea Street East Boston.

Received and Filed JUN 28 1946 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION ______

R-01 A

per hosp. 7/9/46

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 117

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Barry
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) none

(e) Residence. No. 94 ~~Taunton~~ Ave St. Faun Bar
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. (Specify whether) — years — months / days. In this community yrs. mos. days.
(Before death)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: June (Month) 24 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Barry (Give maiden name of wife in full) (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1945, to June 24, 1946. I last saw her alive on June 24, 1946, death is said to have occurred on the date stated above, at 2 A. m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death. Cardiac Decompensation — Duration 1 yr |
| 7 IF STILLBORN, enter that fact here. | Due to Chronic Myocarditis — 2 yrs |
| 8 AGE 74 Years ... Months ... Days; If less than 1 day ... Hours ... Minutes | Due to Uremia — 6 wks; Chronic Nephritis — 2 yrs |
| 9 Usual Occupation: Housework | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: Own Home | Major findings: Of operations ... Date of ... |
| 11 Social Security No. none | Of autopsy ... |
| 12 BIRTHPLACE (City) (State or country) Ireland | What test confirmed diagnosis? |
| PARENTS 13 NAME OF FATHER Michael Kane | IMPORTANT — Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Ireland | |
| 15 MAIDEN NAME OF MOTHER Catherine Kenneally | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland | (Signed) A. N. Caplan M. D. (Address) 186 Princeton St E.B. Date 6-25 1946 |
| 17 Informant Thomas E. Barry Relation, if any (son) (Address) 49 Bayswater St E Boston | 21 Holy Cross Malden — Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL June 27 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 6/26/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Frederick J Magrath; ADDRESS East Boston Mass. |
| | Received and filed JUN 28 1946 19... (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 118

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 85 45 Hillside Ave Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J. Moylette
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) /

(a) Residence. No. 85 45 Hillside Ave Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of ... Bridie Jennings (Give maiden name of wife in full)
(or) WIFE of ... (Husband's name in full)

6 Age of husband or wife if alive 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Prison Officer

10 Industry or Business: Deer Island

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER William Moylette

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Catherine Higgins

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Bridie Moylette (Relation, if any Wife)
(Address) 45 85 Hillside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Bakey
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
6/26/46
(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June - 24 - 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
asphyxiation due to cord around neck
Suicide

20 Accident, suicide, or homicide (specify) Suicide
Date of occurrence June - 24 - 1946
Where did Injury occur? Winthrop Mass (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury Found dead & hanging in his cellar
Nature of Injury
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Wm. J. Brickley, M. D.
(Address) Boston Mass Date June 25 1946

22 New Calvary Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 28 1946

23 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop

Received and filed JUN 28 1946
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect. See reverse side for ... Cause of Death ...

Corr. Bridie Moylette

50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The boa[rd] of health, or its agent, upon receipt of such statement and certificate, sha[ll] forthwith countersign it and transmit it to the clerk of the town for regi[s]tration. The person to whom the permit is so given and the physician ce[r]tifying the cause of death shall thereafter furnish for registration any oth[er] necessary information which can be obtained as to the deceased, or as [to] the manner or cause of the death, which the clerk or registrar may re[-] quire.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ash[es] thereof which have been brought into the commonwealth until he has re[-] ceived a permit so to do from the board of health or its agent appointed [to] issue such permits, or if there is no such board, from the clerk of the to[wn] where the body is to be buried or the funeral is to be held, or from a pe[r]son appointed to have the care of the cemetery or burial ground in whi[ch] the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Ed[i]tion).

Medical examiners shall make examination upon the view of the de[ad] bodies of only such persons as are supposed to have died by violence. If [a] medical examiner has notice that there is within his county the body [of] such a person, he shall forthwith go to the place where the body lies a[nd] take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in t[he] place where the deceased died his name and residence, if known; otherwi[se] a description as full as may be, with the cause and manner of death.[—] General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to t[he] best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance [of] the following rules of practice:

(1) Attending physicians will certify to such deaths only as those [of] persons to whom they have given bedside care during a last illness fro[m] disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as tho[se] of persons who, though disabled by recognized disease unrelated to a[ny] form of injury, have died without recent medical attendance or whose phy[si]cian is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths su[p]posably due to injury. These include not only deaths caused directly or [in]directly by traumatism (including resulting septicemia), and by the acti[on] of chemical (drugs or poisons), thermal, or electrical agents, and deat[hs] following abortion, but also deaths from disease resulting from injury [or] infection related to occupation, the sudden deaths of persons not disabl[ed] by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause a[nd] *manner* thereof, and will specify: (1) Under *cause*, the nature of an inju[ry] and of its consequences; and (2) under *manner*, the mode of its producti[on] together with the circumstances when these are known. For example: "Co[m]pound fracture of the femur with ensuing septicemia (gas bacillus) caus[ed] by a steam railway accident." "Pistol shot wound of the chest with as[so]ciated hemorrhage, homicidal." "Asphyxiation by suspension, suicida[l]." "Syncope while under the influence of ether administered as a surgi[cal] anaesthetic." "Fracture of the skull with associated internal injury s[us]tained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigati[on] shows the death to have been due to *disease*, specify: (1) Under *cause* [its] known or presumable nature; and (2) under *manner*, indicate the circu[m]stances leading to medico-legal inquiry. For example: "Hemorrhage spo[n]taneous of the brain (basal ganglia) (found dead in bed)." "Heart disea[se] presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**..........................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

F303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 119

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Cliff St. Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia C. Boardman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) no

(a) Residence. No. 69 Johnson Ave Winthrop St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution (Before death) Rest Home (Specify whether) — years — months 10 days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | 18 DATE OF DEATH: June (Month) 29 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Wendle W Boardman (Husband's name in full) | 19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Fractured Left Hip. Senility. Arterio Sclerosis. |
| 6 Age of husband or wife if alive 79 years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 82 Years ... Months ... Days; If less than 1 day ... Hours ... Minutes | 20 Accident, suicide, or homicide (specify) accidental |
| 9 Usual Occupation: Home | Date of occurrence June-10- 1946 |
| 10 Industry or Business: at Home | Where did injury occur? Winthrop (City or town and State) |
| 11 Social Security No. none | Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) |
| 12 BIRTHPLACE (City) (State or country) Amherst. Mass. | Manner of injury: fell accidently at her |
| 13 NAME OF FATHER: Mathew Coleman | Nature of injury: home June-10-1946 |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Ireland | While at work? — Was there an autopsy? no |
| 15 MAIDEN NAME OF MOTHER: Ann Gleason | 21 Was disease or injury in any way related to occupation of deceased? — If so, specify. (Signed) Wm J. Brickley, M. D. (Address) Boston, Mass June 29 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland | 22 Winthrop Cemetery Winthrop. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL July 2 1946 |
| 17 Informant Wendell W Boardman (Relation if any) husband (Address) 69 Johnson Ave Winthrop | 23 NAME OF FUNERAL DIRECTOR Kirby Bros. M Kirby ADDRESS 210 Winthrop St. |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter J. Baker (Signature of agent of Board of Health or other) Health Officer (Official Designation) 7/1/46 (Date of Issue of Permit) | Received and filed JUL 2 - 1946 19... (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect. so that it may be properly classified under the International Classification of Causes of Death. See reverse side for ...

per husband

50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death aa required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this aection and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from tbe clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town wbere the body is buried. No such permit shall be issued until there shall have been delivered to sucb board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United Statea in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, ahall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceaaed, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or ita agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body liea and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with tbe cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these lawa calls for the observance of the following rules of practice:

(1) Attending physicians will certify to auch deaths only as those of persons to whom they have given bedside care during a last illnesa from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deatha only aa those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose phyaician is absent from home wben tbe certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. Tbese include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, hut also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will apecify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with asaociated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**..............................................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

31 A

Suffolk
Middlesex
(County)

1 PLACE OF DEATH
Winthrop Lynn Notified 7/10/46
(City or Town)

No. 4 Washington Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 120

2 FULL NAME Charles F. Pendergast (Pendergast)
(If deceased is a married, widowed or divorced woman give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR).

(a) Residence. No. 67 Tudor St. Lynn, Mass. → per Rest Home
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Rest Home 3 years 3 months — days. In this community 15 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: M; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: June (Month) 29 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full): Josephine A. Maher (Maher) | 19 I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1945 to June 29, 1946. I last saw him alive on June 25, 1946, death is said to have occurred on the date stated above, at 9:15 P.m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: Myocardial degeneration — Duration: 3 months |
| 7 IF STILLBORN, enter that fact here. | IMPORTANT |
| 8 AGE 76 Years ... Months ... Days; If less than 1 day ... Hours ... Minutes | Due to: Carcinomatosis — 5 yrs. |
| 9 Usual Occupation: Shoe maker | Due to: |
| 10 Industry or Business: Shoe | |
| 11 Social Security No. 053-03-0383 | Other conditions (Include pregnancy within 3 months of death) |
| 12 BIRTHPLACE (City) (State or country): Stow Maine | IMPORTANT |
| 13 NAME OF FATHER: Wm. W. Pendergast | Major findings: Of operations ... Date of ... |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Maine | Of autopsy ... What test confirmed diagnosis? Physical exam. |
| 15 MAIDEN NAME OF MOTHER: Olive Elwell | Physician: Underline the cause to which death should be charged statistically. |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Maine | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify ... (Signed) Arthur H. Bunting M. D. (Address) 23 Broad St Lynn Date June 29 1946 |
| 17 Informant (Address): Charles F. Pendergast, 82 Jersey St. Boston; Relation, if any: Son | 21 Place of Burial, Cremation or Removal: Pine Grove Lynn (City or Town); DATE OF BURIAL: July 2 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Parker (Signature of Agent of Board of Health or other); Health Officer (Official Designation); 7/1/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR: Hilton C. Parker; ADDRESS: 36 Franklin St. Lynn |
| | Received and filed JUL 2 - 1946 19 ... (Registrar) |

100m(i)-1-44-13634

**EXTRACTS FROM THE LAWS OF THE**

**COMMONWEALTH OF MASSACHUSETTS**

**GOVERNING THE**

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

301A

**The Commonwealth of Massachusetts**
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD CERTIFICATE OF DEATH**

To be filed for burial permit with Board of Health or its Agent.

Registered No. 121

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 19 Egleton Park St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Keir Wormhood
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 19 Egleton Park St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 36 years months days. How long in U.S., if of foreign birth? years months days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Herman Wormhood (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 1 Months 14 Days — If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10 Date deceased last worked at this occupation (month and year) —
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Rochester, (State or country) New Hampshire.

PARENTS
13 NAME OF FATHER John B. Keir,
14 BIRTHPLACE OF FATHER (City) ~~Not known.~~ (State or country) Scotland.
15 MAIDEN NAME OF MOTHER Jane King,
16 BIRTHPLACE OF MOTHER (City) ~~Not known.~~ (State or country) Scotland.

17 Informant Herman Wormhood Relation, if any Husband.
(Address) 19 Egleton Park, Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/30/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 29, 1946. (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1945, to June 29, 1946
I last saw h er alive on June 29, 1946, death is said to have occurred on the date stated above, at 4.10 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

| Cause | Date of Onset IMPORTANT |
|---|---|
| carcinoma [illegible] | 1 yr |
| with metastases (metastasis) | |

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. Mahoney, M. D.
(Address) [illegible] Washington [illegible] Date 6-30-1946

21 ~~Haven Hill~~ Rochester Cemetery, Rochester, N.H.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 2, 1946.

22 NAME OF UNDERTAKER Jos. H. Edgerly
ADDRESS Rochester, N. H.

Received and filed JUL 2 - 1946 19
(Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.
100m 11-'36. No. 9080-F

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

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**Example**

| The **principal cause of death** and related causes of importance in order of onset were as follows: | **Date of Onset** |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Contributory causes** of importance not related to principal cause: | |
| | |
| | |
| | |

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

**No undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

**Medical examiners** shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

L

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**
**COPY OF CERTIFICATE OF DEATH**

1 PLACE OF DEATH ............ (County) ............ (City or Town)

No. ............ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

............ (City or town making return)

Registered No. 122

2 FULL NAME ............ (If U. S. War Veteran ...)

(a) Re... Length of sta... ...nd state) ... days.

3 SEX

5a If married, HUSBAND of

(or) WIFE of

6 Age of husb...

7 IF STILLBOR...

8 AGE ............ Ye...

9 Usual Occupation

10 Industry or Business

11 Social Secu...

12 BIRTHPLAC... (State or cou...

PARENTS

13 NAME OF FATHER

14 BIRTHPL... FATHER (State or...

15 MAIDEN... OF MOT...

16 BIRTHPL... MOTHER (State or...

17 Informant ............ (Address)

A TRUE COPY

ATTEST: ............

DATE FILED ............ 19....

...(Year) ...eceased from ......., 19...... ...ath is said Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

......, M. D. ......19...... ...y or Town) ......19......

Received and filed ............ 19......

JUL 19 1946

(Registrar of City or Town where deceased resided)

50m-10-'39. No. 8427-f

after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

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**Certificate of Death**

Certificate No. 8444

FILED 1946 APR 8 PM 9 07

N T

1. NAME OF DECEASED (Print or Typewrite): ANNIE (First Name) — (Middle Name) — WASSERMAN (Last Name) — (Social Security Number)

Coding column: Boro-Death 1; Institution 191; Boro Resid. 8; Occupation; Nativ. Dec. 16; Citiz. Dec.; Nativ. Mother 16; Cause 1: 094; Cause 2; Operation 0; Type Accid.; O. T. Accid.; Att.-Autop. 1; Cem. 2

**PERSONAL PARTICULARS** (To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State Mass. (b) Co. (c) Post Office and Zone Winthrop (d) No. 17 Ocean Avenue (If in rural area, give location) (e) Length of residence or stay in City of New York immediately prior to death NON RESIDENT 1 week

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

4 WIFE / HUSBAND of: Barnard

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)

6 AGE: 67 yrs. mos. days. If LESS than 1 day, hrs. or min.

7 Occupation: A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife. B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc.: Own Home

8 BIRTHPLACE OF DECEDENT: (a) State Russia (b) County (c) City, Town or Village

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? ✓

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR: no

PARENTS OF DECEASED

11 NAME OF FATHER OF DECEDENT: JUDA BALTIMORE

12 BIRTHPLACE OF FATHER (State or country): Russia

13 MAIDEN NAME OF MOTHER OF DECEDENT: IDA Unknown

14 BIRTHPLACE OF MOTHER (State or country): Russia

**MEDICAL CERTIFICATE OF DEATH** (To be filled in by the Physician)

16 PLACE OF DEATH: (a) NEW YORK CITY: (b) Borough MANHATTAN (c) Name of Hospital or Institution PRESBYTERIAN HOSPITAL (If not in hospital or institution, give street and number.) (d) Length of stay at place of death immediately prior to death 1 WEEK

17 DATE AND HOUR OF DEATH: (Month) April (Day) 8 (Year) 1946 (Hour) 9:30 A.M.

18 SEX: FEMALE 19 COLOR OR RACE: WHITE 20 Approximate Age: 68

21 I HEREBY CERTIFY that ~~(I attended the deceased)~~* (a staff physician of this institution attended the deceased)* from Apr. 1st 1946 to Apr. 8th 1946 and last saw hER alive at 9:30 A.M. on Apr. 8th 1946

I further certify that death † WAS NOT caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

I further certify that death † WAS NOT due to communicable disease requiring special preparation for shipment by common carrier.

* Cross out words that do not apply.
† See first instruction on reverse of certificate.

Witness my hand this 8 day of April 1946

Signature Gilbert ... M. D.

Address 622 WEST 168th ST., N.Y.C.

15 SIGNATURE OF INFORMANT: William Kopans — RELATIONSHIP TO DECEASED: son-in-law — ADDRESS: 457 South St., Brookline, Mass.

22 PLACE OF BURIAL OR CREMATION: Jewish Cemetery, Boston, Mass. — DATE OF BURIAL OR CREMATION: April 10, 1946

23 FUNERAL DIRECTOR: Park West Memorial Ch., Inc. — ADDRESS: 115 West 79th St., — PERMIT NUMBER: 2430

BUREAU OF RECORDS AND STATISTICS — DEPARTMENT OF HEALTH — CITY OF NEW YORK

R-302

Tewksbury State Hospital and Infirmary
(City or town making return)

123

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# COPY OF CERTIFICATE OF DEATH

Registered No. 167

1 PLACE OF DEATH
Middlesex (County)
Tewksbury, Mass. (City or Town)
No. Tewksbury State Hospital and Infirmary St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Davis
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) --

(a) Residence. No. 249 Pleasant St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years 2 months 3 days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive ... years
7 IF STILLBORN, enter that fact here.
8 AGE 68 Years 2 Months 24 Days — If less than 1 day ... Hours ... Minutes
9 Usual Occupation: Laborer
10 Industry or Business:
11 Social Security No. Not learned
12 BIRTHPLACE (City) (State or country): Cardiff, Wales

PARENTS
13 NAME OF FATHER: George T. Davis
14 BIRTHPLACE OF FATHER (City) (State or country): Not learned, Wales
15 MAIDEN NAME OF MOTHER: Sarah Anthony
16 BIRTHPLACE OF MOTHER (City) (State or country): Not learned, Wales

17 Informant (Address): Hospital Records (Relation, if any ...)

A TRUE COPY.
ATTEST: C. Winthrop Vaughton M.D. Supt.
(Registrar of city or town where death occurred)
DATE FILED June 6, 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 6 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 3, 1946, to June 6, 1946.
I last saw him alive on June 6, 1946 death is said to have occurred on the date stated above, at 11:05 A. m.

Immediate cause of death: Bronchogenic Carcinoma of Right Lung — Duration: 1 year
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ... Date of
Of autopsy X-ray
What test confirmed diagnosis Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N. E. Svibergson, M. D.
(Address) T. S. H. & I., Tewksbury Date 6/6 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery), Winthrop (City or Town)
DATE OF BURIAL June 10, 1946

22 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed JUL 31 1946
(Registrar of City or Town where deceased resided)

... resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 6021

124

1 PLACE OF DEATH
- (County) Suffolk
- (City or Town) Boston
- No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah London
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 47 Tewksbury St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 7 days. In this community yrs. mos. 7 days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | F |
| 4 COLOR OR RACE | W |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | Harry London |
| 6 Age of husband or wife if alive | ---- years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 75 Years Months Days; If less than 1 day Hours Minutes |
| 9 Usual Occupation: | Housework |
| 10 Industry or Business: | At Home |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or country) | Russia |
| PARENTS 13 NAME OF FATHER | Israel Penan |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Russia |
| 15 MAIDEN NAME OF MOTHER | Bessie ---- |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Russia |
| 17 Informant (Address) | I London (Relation if any Son) |

A TRUE COPY.
ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)
DATE FILED July 5/46 19

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH (Month) (Day) (Year) | July 3/46 |

19 I HEREBY CERTIFY, That I attended deceased from June 26, 19 46, to July 3, 19 46
I last saw her alive on July 3/46, 19 , death is said to have occurred on the date stated above, at 5:20P m.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary Embolus | 3 Hrs |
| Due to | |
| Due to | |
| Other conditions Diabetes mell. (Include pregnancy within 3 months of death) Arterio sclerotic heart dis. peri tonitis | Physician ~~tis~~ Underline the cause to which death should be charged statistically. |
| Major findings: Of operations Diverticulitis, melanosis coli Date of | |
| Of autopsy Pulm. embolus peritonitis | |
| What test confirmed diagnosis? autopsy | |

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D B Hackel M. D.
(Address) Beth Israel Hospt Date 7-3 19 46

21 PLACE OF BURIAL, CREMATION OR REMOVAL Montifiore Cem (Cemetery) -Woburn (City or Town)
DATE OF BURIAL July 4/46 19

22 NAME OF FUNERAL DIRECTOR B Birnbach
ADDRESS Dorchester Mass.

Received and filed JUL 24 1946 19

...reside in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b).6-44.14607

R-301 A

1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 125

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby girl Boyle
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 143 Pleasant St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 2 days. In this community yrs. mos. 2 days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX Female; 4 COLOR OR RACE White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single | 18 DATE OF DEATH July (Month) 7th [corrected: 7th] (Day) 1946 (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from July 5, 1946, to July 7, 1946. I last saw her alive on July 7, 1946, death is said to have occurred on the date stated above, at 5:30 A. m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death Congenital Heart Disease |
| 7 IF STILLBORN, enter that fact here. | Due to Cardiac failure |
| 8 AGE Years Months 2 Days; If less than 1 day Hours Minutes | Due to |
| 9 Usual Occupation: --------- | atelectasis |
| 10 Industry or Business: — | Other conditions atelectasis (Include pregnancy within 3 months of death) |
| 11 Social Security No. — | Major findings: Of operations |
| 12 BIRTHPLACE (City) Winthrop (State or Country) Massachusetts | Date of 7-7-46 |
| PARENTS 13 NAME OF FATHER Joseph E. Boyle | Of autopsy Congenital Heart |
| 14 BIRTHPLACE OF FATHER (City) Chicago (State or Country) Illinois | What test confirmed diagnosis? |
| 15 MAIDEN NAME OF MOTHER Catherine V. McAllister | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) New York (State or Country) New York | (Signed) H. Arthur Benson M. D. (Address) 192 Shurtleff St Chelsea Date 7-7-1946 |
| 17 Informant Joseph E Boyle (Relation, if any: Father) (Address) 143 Pleasant St Winthrop | 21 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town) DATE OF BURIAL July 8, 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter F. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 7/8/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR John F. O'Maley ADDRESS Winthrop Massachusetts |
| | Received and Filed JUL 8 1946 (Registrar) |

Duration IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
0m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L., Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

R-302

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

126

Registered No. 6173

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles I Floyd
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 249 Winthrop Shore Drive St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 10 days. In this community 20 yrs. mos. days.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Melvina McConnell (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ---- years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: Railroad

11 Social Security No. ----

12 BIRTHPLACE (City) (State or country) Haverhill Mass

PARENTS

13 NAME OF FATHER: Charles Floyd

14 BIRTHPLACE OF FATHER (City) (State or country): Cannot be learned

15 MAIDEN NAME OF MOTHER: Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country): Cannot be learned

17 Informant (Address): Robert S Floyd (Relation if any: Son)
249 Winthrop Shore Drive

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH: July (Month) 7th (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 26, 1946, to July 6, 1946

I last saw him alive on July 7, 1946, death is said to have occurred on the date stated above, at ....m.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial infarct | 10 days |
| Due to: Hypertension & Arteriosclerosis | 7 yrs |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |

Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations ........ Date of
Of autopsy
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Erwin O Flinch, M. D.
(Address) B I H Date 7/8 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn (Cemetery) Everett (City or Town)
DATE OF BURIAL: July 11 1946

22 NAME OF FUNERAL DIRECTOR: John F O'Maley
ADDRESS: Winthrop

A TRUE COPY.
ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED July 12 1946

Received and filed JUL 23 1946
(Registrar of City or Town where deceased resided)

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

001 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 127

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Com. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Slivey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 22 Beal St. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) years months days. 8 hrs 38 min. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here. ~~Stillborn~~
8 AGE ...... Years ...... Months ...... Days | If less than 1 day 8 Hours 38 Minutes
9 Usual Occupation: —
10 Industry or Business: —
11 Social Security No. —
12 BIRTHPLACE (City) (State or country) Winthrop Mass.

PARENTS
13 NAME OF FATHER William Slivey
14 BIRTHPLACE OF FATHER (City) (State or country) Boston
15 MAIDEN NAME OF MOTHER Estelle G Kirby
16 BIRTHPLACE OF MOTHER (City) (State or country) Winthrop
17 Informant (Address) Wm Slivey 22 Beal St Win (Relation, if any) (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter C. Paige
(Signature of Agent of Board of Health or other)
Health Officer 7/10/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 7 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 7, 1946, to July 7, 1946
I last saw him alive on July 7, 1946 death is said to have occurred on the date stated above, at 1 55 p. m.

Immediate cause of death: Prematurity — Duration 1 D
Due to: Placental Separation — 1 D
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis? Clinical conditions

IMPORTANT
IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John J. Williams M. D.
(Address) 136 Beacon St Date July 7 1946

21 Winthrop (Place of Burial, Cremation or Removal.) Winthrop (City or Town)
DATE OF BURIAL July 10 1946

22 NAME OF FUNERAL DIRECTOR Kirby Bros
ADDRESS 20 Winthrop St

Received and filed JUL 1 6 1946 19

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
per hosp. 7/23/46
100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 128

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur C. Cotter
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 40 Madison Ave., St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. (Before death) (Specify whether) years months days. 16 hrs 35 min In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Male | 4 COLOR OR RACE: White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE Years Months Days ~~1~~ If less than 1 day Hours ~~5~~ Minutes — 16 hrs 35 min | |
| 9 Usual Occupation: — | |
| 10 Industry or Business: — | |
| 11 Social Security No. — | |
| 12 BIRTHPLACE (City) (State or Country): Winthrop Massachusetts | |
| 13 NAME OF FATHER: Arthur C. Cotter | |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Amherst Nova Scotia | |
| 15 MAIDEN NAME OF MOTHER: Gladys M. Egan | |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Chelsea Massachusetts | |
| 17 Informant: Arthur C. Cotter (Father) Relation if any; (Address) 40 Madison Ave Winthrop | |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/12/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jul (Month) 10 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 10, 1946 to July 10, 1946
I last saw him alive on July 10, 1946 death is said to have occurred on the date stated above, at 9:30 10:50 m.

Immediate cause of death: Umbilical hernia with protrusion of liver & intestines
Due to: liver + intestine
Due to: Umbilical [illegible]

Duration

IMPORTANT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. [illegible], M. D.
(Address) [illegible] Date 7/11 1946

21 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL July 12, 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop Massachusetts

Received and Filed JUL 16 1946 19
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

per hosp. 7/23/46

00m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceasd, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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## RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

01 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

per hosp 7/23/46 per hosp. 7/23/46

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 129

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Bowley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ..........

(a) Residence. No. 17 Center St. St. ..........
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. (Specify whether) 10 min. years months days. In this community yrs. mos. days.
(Before death)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) ..........

6 Age of husband or wife if alive .......... years

7 IF STILLBORN, enter that fact here.

8 AGE .......... Years .......... Months .......... Days; If less than 1 day .......... Hours 10 Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS
13 NAME OF FATHER: Alfred J Bowley
14 BIRTHPLACE OF FATHER (City) (State or country): ~~Unable to obtain~~ Winchester Mass.
15 MAIDEN NAME OF MOTHER: Mildred Alden ✓
16 BIRTHPLACE OF MOTHER (City) Milton (State or country) Mass.

17 Informant Hospital Records (Relation, if any ..........)
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G Baker
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) 7/12/46 (Date of Issue of Permit)

18 DATE OF DEATH July (Month) 11 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 11, 1946, to July 11, 1946
I last saw him alive on July 11, 1946, death is said to have occurred on the date stated above, at 5.45 ~~6~~ pm.

Immediate cause of death Cerebral hemorrhage.
Due to delivery
Due to ..........
Other conditions .......... (Include pregnancy within 3 months of death)
Major findings: Of operations .......... Date of ..........
Of autopsy July 11 - 1946
What test confirmed diagnosis? ..........

Duration

IMPORTANT

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .......... If so, specify ..........

(Signed) Jennie S Hoitman M. D.
(Address) 47 Washington Ave. Date 7-11 1946

21 Winthrop Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 12 1946

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed JUL 16 1946 19..
(Registrar)

per hosp. 7/28/46

100m(1)-1-44-13634

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 130

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 56 Moore St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John P. Shea
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 56 Moore St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — (Before death) (Specify whether) years months days. In this community 25 yrs. mos. days.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed or divorced HUSBAND of Elsa R. Gartz (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive 48 years
7 IF STILLBORN, enter that fact here.
8 AGE 54 Years Months Days | If less than 1 day Hours Minutes
9 Usual Occupation: Bank Messenger
10 Industry or Business: Banking
11 Social Security No. 023-09-9355
12 BIRTHPLACE (City) Waterbury (State or Country) Connecticut

PARENTS
13 NAME OF FATHER Humphrey Shea
14 BIRTHPLACE OF FATHER (City) (State or Country) Ireland
15 MAIDEN NAME OF MOTHER Mary Coffey
16 BIRTHPLACE OF MOTHER (City) (State or Country) Ireland

17 Informant Elsa R. Shea (Relation if any wife)
(Address) 56 Moore St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/12/46 (Date of Issue of Permit)

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH July (Month) 11 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 8, 1946, to July 11, 1946
I last saw him alive on July 10, 1946, death is said to have occurred on the date stated above, at 1:30 A m.

Immediate cause of death: Acute Coronary Thrombosis — Duration: 4 hours
Due to: Angina Pectoris — 3 weeks
Due to
Other conditions: none (Include pregnancy within 3 months of death)
Major findings: Of operations: none
Of autopsy: none — Date of
What test confirmed diagnosis? clinical + lab.

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D., M. D.
(Address) 562 Shirley St Date July 11 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 13 1946

22 NAME OF FUNERAL DIRECTOR John F. Omaley
ADDRESS Winthrop Mass.

Received and Filed JUL 16 1946 19
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that affect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION ___

R-301 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
## DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 131

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J. Nestor
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 51 Bowdoin St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) - years - months 8 days. In this community 45 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) | Sarah Connelly |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE Years / Months / Days / If less than 1 day Hours Minutes | 80 Years |
| 9 Usual Occupation: | Retired |
| 10 Industry or Business: | Town of Winthrop |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or Country) | Ireland |
| PARENTS 13 NAME OF FATHER | Michael Nestor |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Julia Duffy |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Ireland |

17 Informant Agnes J Nestor (Relation, if any) daughter
(Address) 51 Bowdoin St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/20/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | | Duration |
|---|---|---|
| 18 DATE OF DEATH | July (Month) 19 (Day), 1946 (Year) | |
| 19 I HEREBY CERTIFY, That I attended deceased from | September 15, 1945, to July 19, 1946. I last saw him alive on July 19, 1946, death is said to have occurred on the date stated above, at 7:05 P.m. | |
| Immediate cause of death | Chronic Glomerulo-nephritis | 1 year |
| Due to | Arteriosclerosis + Arterio-Sclerotic Heart Disease | 2 years |
| Other conditions (Include pregnancy within 3 months of death) | Secondary anemia | |
| Major findings: Of operations | None | |
| Of autopsy | None | |
| What test confirmed diagnosis? | Clinical + Laboratory | |

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice Traunstein Jr., M. D.
(Address) 562 Shirley St, Winthrop Mass. Date July 19, 1946

21 Place of Burial, Cremation or Removal. Winthrop, Winthrop (City or Town)
DATE OF BURIAL July 22 1946

22 NAME OF FUNERAL DIRECTOR William J. Gormley
ADDRESS 2065 Washington St Boston

Received and Filed JUL 24 1946 19
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
per hosp 7/20/46

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

R-301 A rec. Aug. 7/25/46

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 132

2 FULL NAME Marguerite M. Rainville (nee Boverbeau)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 49 Rockwell St. Malden
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) - years 4 months 24 days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | | |
|---|---|---|
| 3 SEX female | 4 COLOR OR RACE white | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of George Rainville (Husband's name in full) | | |
| 6 Age of husband or wife if alive 51 years | | |
| 7 IF STILLBORN, enter that fact here. | | |
| 8 AGE 51 Years Months Days | If less than 1 day Hours Minutes | |
| 9 Usual Occupation: housewife | | |
| 10 Industry or Business: at home | | |
| 11 Social Security No. none | | |
| 12 BIRTHPLACE (City) (State or Country) Nortons Mills Vermont | | |
| PARENTS 13 NAME OF FATHER Philip Boverbeau | | |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) Canada | | |
| 15 MAIDEN NAME OF MOTHER Julia Fellion | | |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) Canada | | |
| 17 Informant George Rainville (Relation, if any) husband (Address) 49 Rockwell St Malden | | |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/21/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 19 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1946, to July 19, 1946
I last saw her alive on Jul. 19, 1946 death is said to have occurred on the date stated above, at 3:50 p. m.

| Immediate cause of death | | Duration IMPORTANT |
|---|---|---|
| | T. B. of Kidney | 6 mo. |
| Due to | T. B. Pericarditis | 2 mo |
| Due to | Perforation of Bowel / Pericolonitis | 3 weeks |
| Other conditions (Include pregnancy within 3 months of death) | | |

Major findings: Of operations T. B. Kidney removed Date of Feb. 27, 1946
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Louis Siegel, M. D.
(Address) 72 Shirley Av Revere Date 7/20 1946

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 22 1946

22 NAME OF FUNERAL DIRECTOR Gerard E. Carroll
ADDRESS 721 Salem St. Malden

Received and Filed JUL 24 1946 19
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
00m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 133

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 39 Bay View Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Gertrude Lynch (MUNROE)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) —

(a) Residence. No. 64 Highland Ave - Cambridge St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years — months — days. (Before death) (Specify whether) In this community — yrs. — mos. [illegible] days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX F. \| 4 COLOR OR RACE W. \| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow | 18 DATE OF DEATH July (Month) 22 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of John Lynch (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from July 15, 1946, to July 22, 1946. I last saw h[er] alive on July 22, 1946 death is said to have occurred on the date stated above, at 11.40 P m. |
| 6 Age of husband or wife if alive — years | Immediate cause of death Broncho pneumonia; Cystitis (chronic). Duration: 3 days; 1 wk. |
| 7 IF STILLBORN, enter that fact here. — | IMPORTANT |
| 8 AGE 80 Years — Months — Days. If less than 1 day ... Hours ... Minutes | Due to ... |
| Usual 9 Occupation: Retired | Due to ... |
| Industry 10 or Business: Housewife | Other conditions (include pregnancy within 3 months of death) |
| 11 Social Security No. — | IMPORTANT Physician Underline the cause to which death should be charged statistically. |
| 12 BIRTHPLACE (City) (State or country) Cambridge Mass. | Major findings: Of operations ... Date of ... Of autopsy ... What test confirmed diagnosis? |
| PARENTS 13 NAME OF FATHER Philip Munroe | |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Ireland | |
| 15 MAIDEN NAME OF MOTHER Rose Haley | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify ... |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland | (Signed) [illegible] M. D. (Address) Winthrop Date 7-23-1946 |
| 17 Informant Louise Crowley (Relation, if any) (Daughter) (Address) 64 Highland Ave Cambridge | 21 Old Calvary Boston. Place of Burial, Cremation or Removal. (City or Town). DATE OF BURIAL 7-25-1946 19 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G. Bakley (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 7/24/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR [illegible] ADDRESS Cambridge 39 |
| | Received and filed JUL 24 1946 19 ... (Registrar) |

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

-301 A

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 134

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 9 Wilshire St., Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Taylor Pepper
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 9 Wilshire St., St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 18 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of
(or) WIFE of Thomas Pepper
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 86 Years — Months 10 Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) England

PARENTS

13 NAME OF FATHER not known Taylor

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) (State or country) not known

17 Informant Ernest Pepper (Relation, if any Son)
(Address) 9 Wildshire St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Bagg
(Signature of Agent of Board of Health or other)
Health Officer 7/24/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 22 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 20, 1946, to July 22, 1946, I last saw h[er] alive on July 22, 1946, death is said to have occurred on the date stated above, at 3 P m.

Immediate cause of death: Myocarditis, hypostatic pneumonia
Due to ...
Due to (Myocarditis, hypostatic pneumonia)
Duration: 3 day

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible signature] M. D.
(Address) Washington [illegible] Date 7/23 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 25, 1946

22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed JUL 24 1946

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
extracts from the laws on back of certificate.
00m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ..........................................................................

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R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
# COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)
135
Registered No. 6656

2 FULL NAME Mary Lina Woods
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 23 Atlantic Ave St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ............ years months 10 days. In this community 60 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: F — 4 COLOR OR RACE: W — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Wid | 18 DATE OF DEATH July 25/46 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Phares Lurten Woods (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from ........, 19...., to ........, 19.... I last saw h.... alive on ........, 19...., death is said to have occurred on the date stated above, at ........m. |
| 6 Age of husband or wife if alive ........ years | Immediate cause of death — Duration |
| 7 IF STILLBORN, enter that fact here. | Toxic cirrhosis of liver — Ter |
| 8 AGE 68 Years 1 Months 17 Days — If less than 1 day ....Hours ....Minutes | Pulmonary edema — dys |
| 9 Usual Occupation: At Home | Due to. |
| 10 Industry or Business: | Due to. |
| 11 Social Security No. None | Other conditions. (Include pregnancy within 3 months of death) |
| 12 BIRTHPLACE (City) (State or country) Boston, Mass. | Physician — Underline the cause to which death should be charged statistically. |
| PARENTS — 13 NAME OF FATHER James McDougall | Major findings: Of operations. ........ Date of ........ |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Scotland | Of autopsy. What test confirmed diagnosis? |
| 15 MAIDEN NAME OF MOTHER Lucetta Celia Phillips | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) New York | (Signed) W R Duden, M. D. (Address) Boston Date 7/25 19 46 |
| 17 Informant Ardelle Woods (Address) (Relation, if any Daughter) | 21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery, Winthrop (Cemetery) (City or Town) DATE OF BURIAL July 29/46 19 |
| A TRUE COPY. ATTEST: Michael J. Manning (Registrar of city or town where death occurred) | 22 NAME OF FUNERAL DIRECTOR A B Marsh ADDRESS Winthrop Mass. |
| DATE FILED 7/30/46 19 | Received and filed AUG 7 1946 ~~Jul 29/46~~ 19 (Registrar of City or Town where deceased resided) |

...resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 136

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 65 Brewster Ave., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan G.Wood,(Peirce)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 28 Gilmore St., St. Everett
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ---------- years 2 months days. In this community 73 yrs. mos. — days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow | 18 DATE OF DEATH: 7 (Month) 27 (Day) 46 (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of George H.Wood (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from 7/1/44, 19 , to 7/27/46, 19 I last saw her alive on 7/26/46 19 , death is said to have occurred on the date stated above, at 9 a, m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: Myocarditis — Duration: 2 yr |
| 7 IF STILLBORN, enter that fact here. | Due to: Chr. nephritis — Duration: 5 yr |
| 8 AGE 73 Years 3 Months 21 Days; If less than 1 day Hours Minutes | Due to |
| 9 Usual Occupation: Housework | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: Own Home | Major findings: Of operations: No |
| 11 Social Security No. None | Of autopsy: No |
| 12 BIRTHPLACE (City) (State or Country): Everett, Massachusetts | What test confirmed diagnosis? Clinical Signs |
| 13 NAME OF FATHER: George W. ~~Pierce~~ Peirce | IMPORTANT Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Everett, Massachusetts | 20 Was disease or injury in any way related to occupation of deceased? No If so, specify |
| 15 MAIDEN NAME OF MOTHER: Esther Wiley | (Signed) James F. Burns, M. D. |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Conway, New Hampshire | (Address) Everett Date 7/27 1946 |
| 17 Informant (Address): Miss Helen G.Wood (Relation, if any) (Daughter) 28 Gilmore St.,Everett,Mass. | 21 Woodlawn-Everett,Massachusetts — Place of Burial, Cremation or Removal. (City or Town). DATE OF BURIAL July 29,1946 19 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 7/29/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR J.E.Henderson Company ADDRESS 517 Broadway Everett,Mass. — Received and Filed JUL 31 1946 19 (Registrar) |

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

EVERETT (City or town making return)

Registered No. 137

1 PLACE OF DEATH
Middlesex (County)
Everett (City or Town)
No. Whidden Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Shuman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 17 Hutchinson St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | m |
| 4 COLOR OR RACE | white |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | single |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | Stillborn |
| 8 AGE ... Years ... Months ... Days / If less than 1 day ... Hours ... Minutes | |
| 9 Usual Occupation: | — |
| 10 Industry or Business: | — — |
| 11 Social Security No. | |
| 12 BIRTHPLACE (City) (State or country) | ~~Everett~~ Mass. |
| PARENTS 13 NAME OF FATHER | Bernard |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Mass. |
| 15 MAIDEN NAME OF MOTHER | Marcia Alperin |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Mass. |
| 17 Informant (Address) | Pauline Shuman, Winthrop (Relation, if any) grandmother |

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH (Month) (Day) (Year) | July 5, 1946 |
| 19 I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... | 7-5, 1946 to 1946 |
| I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at ...m. | 1946 |
| Immediate cause of death | Stillborn |
| Due to | |
| Due to | — |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ... Date of ... | — |
| Of autopsy | — |
| What test confirmed diagnosis? | |
| 20 Was disease or injury in any way related to occupation of deceased? If so, specify | — |
| (Signed) ... M. D. | J.C.Henken |
| (Address) ... Date ... 19... | Everett, 7-5 1946 |
| 21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or Town) | Beth Israel, Everett |
| DATE OF BURIAL ... 19... | 7-9 1946 |
| 22 NAME OF FUNERAL DIRECTOR ADDRESS | H.J.Torf, Chelsea |

Duration

Physician: Underline the cause to which death should be charged statistically.

A TRUE COPY.
ATTEST: John M. Carroll
(Registrar of city or town where death occurred)

DATE FILED 7-9- 19 46

Received and filed AUG 12 1946 19 46
(Registrar of City or Town where deceased resided)

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

R-303-A

COPY

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 109 138

1 PLACE OF DEATH
- Essex (County)
- Saugus (City or Town)
- No. Breakheart Reservation-Lower Pond St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Donald Sobey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 9 Atlantic St St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. 1 days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 15 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: student

10 Industry or Business: school

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Boston, Mass

PARENTS

13 NAME OF FATHER: William E Sobey

14 BIRTHPLACE OF FATHER (City) (State or country): P. E. Island

15 MAIDEN NAME OF MOTHER: May MacDonald

16 BIRTHPLACE OF MOTHER (City) (State or country): Nova Scotia

17 Informant: May Sobey (Relation, if any: mother)
(Address) 9 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
A true copy. Attest:
(Signature of Agent of Board of Health or other)
Viola G. Wil... Town Clerk
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: July 14, 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
asphyxiation by drowning
abrasions & contusions of chest

20 Accident, suicide, or homicide (specify): accident
Date of occurrence: 7/14 19 46
Where did injury occur? waters of lower pond (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? dove in pond & did not come up (Specify type of place)
Manner of injury: asphyxiation by drowning
Nature of injury:
While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Laurence F Cusick M. D.
(Address) Nahant, Mass. Date 7/14 19 46

22 Winthrop, Withrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL: July 17 19 46

23 NAME OF FUNERAL DIRECTOR: J. F. O Maley
ADDRESS: Winthrop

Received and filed AUG 30 1946 19
(Registrar)

...extracts from the laws relative to the return of certificates of death.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(1)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until be has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-301 A

1 PLACE OF DEATH Suffolk (County) Boston notified 8/2/46

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 139

2 FULL NAME Agnes Toomey (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 911 Broadway St. South Boston (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) years 11 min. months days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | | |
|---|---|---|
| 3 SEX: Female | 4 COLOR OR RACE: white | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | | |
| 6 Age of husband or wife if alive ... years | | |
| 7 IF STILLBORN, enter that fact here. ✓ | | |
| 8 AGE Years Months Days | If less than 1 day Hours 11 Minutes | |
| 9 Usual Occupation: — | | |
| 10 Industry or Business: — | | |
| 11 Social Security No. — | | |
| 12 BIRTHPLACE (City) Winthrop (State or Country) | | |
| PARENTS 13 NAME OF FATHER: John F. Toomey | | |
| 14 BIRTHPLACE OF FATHER (City) Boston (State or Country) Mass. | | |
| 15 MAIDEN NAME OF MOTHER: Agnes Harrington (Harrington) | | |
| 16 BIRTHPLACE OF MOTHER (City) Boston (State or Country) Mass. | | |
| 17 Informant John F. Toomey (Relation, if any father) (Address) 911 Broadway Boston | | |

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 18 DATE OF DEATH August 1 1946 (Month) (Day) (Year) |
| 19 I HEREBY CERTIFY, That I attended deceased from August 1, 1946, to August 1, 1946 I last saw her alive on August 1, 1946, death is said to have occurred on the date stated above, at 2:15 p.m. |
| Immediate cause of death: Congenital malformation - anencephalic monster. |
| Due to |
| Due to |
| Other conditions (Include pregnancy within 3 months of death) |
| Major findings: Of operations — Date of — Of autopsy |
| What test confirmed diagnosis? clinical findings |
| 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| (Signed) Sydney Ellis, M. D. (Address) 311 Commonwealth Av. Date 8/1 1946 |
| 21 Holy Cross, Malden. Place of Burial, Cremation or Removal. (City or Town) |
| DATE OF BURIAL Aug. 2. 1946 |
| 22 NAME OF FUNERAL DIRECTOR Murray & Murray ADDRESS 262 Beach St Revere |
| Received and Filed AUG 7 1946 (Registrar) |

Duration

IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/2/46 (Date of Issue of Permit)

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 140

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E Finn
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 24 Sunnyside Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) — years — months 2 days. In this community 86 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of... (Give maiden name of wife in full)
(or) WIFE of John J Finn (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 86 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business: " "

11 Social Security No. no

12 BIRTHPLACE (City) (State or Country) Boston mass.

PARENTS

13 NAME OF FATHER James Tandy.

14 BIRTHPLACE OF FATHER (City) (State or Country) Liverpool England.

15 MAIDEN NAME OF MOTHER Mary Davis

16 BIRTHPLACE OF MOTHER (City) (State or Country) Liverpool England.

17 Informant J. Paul Finn (Relation, if any) son
(Address) 27 Waldemar Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
8/5/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 3 (Day), 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 20, 1945, to August 3, 1946
I last saw her alive on August 2, 1946 death is said to have occurred on the date stated above, at 4:30 A.m.

Immediate cause of death: Coronary thrombosis — Duration: 10 minutes
Due to: Arteriosclerotic Heart Disease — 3 years
~~Due to~~ Chronic Glomerulonephritis with uremia — 2 months
Other conditions: none
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations: none

Date of

Of autopsy: none

What test confirmed diagnosis? Clinical + Laboratory

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Maurice Traunstein Jr. M. D.
(Address) 562 Shirley St. Winthrop, Mass Date August 3 1946

21 Holy Cross Cem Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug 5 1946.

22 NAME OF FUNERAL DIRECTOR Ed. A Lane
ADDRESS 201 Bowdoin St Dorchester

Received and Filed AUG 7 1946
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as be can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ________

R-301 A

Suffolk (County)

Winthrop (City or Town)

PLACE OF DEATH

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

# The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 141

2 FULL NAME Cora Battefeld
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 29 Ingleside Ave., Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 2 days. In this community 35 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Female | 4 COLOR OR RACE: White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) | |
| (or) WIFE of (Husband's name in full) | John Battefeld |
| 6 Age of husband or wife if alive | years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 80 Years 7 Months 13 Days; If less than 1 day: Hours Minutes |
| 9 Usual Occupation | Housewife |
| 10 Industry or Business | At Home |
| 11 Social Security No. | — |
| 12 BIRTHPLACE (City) (State or Country) | Washington, Maine |
| PARENTS: 13 NAME OF FATHER | Alfred Rockwell |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Maine |
| 15 MAIDEN NAME OF MOTHER | Frances Rockwell |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Nova Scotia |

17 Informant Charles L Sherman (Relation, if any)
(Address) 4 Montrey St. Worcester, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/9/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 7 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 3, 1946, to August 7, 1946
I last saw her alive on August 7, 1946, death is said to have occurred on the date stated above, at 5 25 P. m.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Glomerulonephritis with uremia | 5 days |
| Due to: Arteriosclerotic Heart disease | 2 years |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Chronic Cholecystitis and cholelithiasis | |

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings: Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? Clinical + Laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice Traunstein Jr. M. D.
(Address) 562 Shirley St, Winthrop Date August 7 1946

21 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Aug. 10, 1946

22 NAME OF FUNERAL DIRECTOR Richard H White
ADDRESS 147 Winthrop St., Winthrop

Received and Filed AUG 9 1946
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 70312

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. 60 CONGRESS ST. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HALSEY W KELLEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 51 BIRCH RD St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ........ years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): WIDOWED

5a If married, widowed, or divorced HUSBAND of MYRA JOHNSON
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years ...... Months ...... Days | If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: SALESMAN

10 Industry or Business: A L A AUTOMOBILE INS CO

11 Social Security No. [redacted]

12 BIRTHPLACE (City) (State or country) NEW HAVEN CT.

PARENTS

13 NAME OF FATHER: FREDERICK H KELLEY

14 BIRTHPLACE OF FATHER (City) (State or country): GOSHEN CONN

15 MAIDEN NAME OF MOTHER: MARY THOMPSON

16 BIRTHPLACE OF MOTHER (City) (State or country): NEW HAVEN CONN

17 Informant (Address): SON (Relation, if any ........)

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED AUG 13/46 19....

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH AUGUST 7/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
COMPOUND FRAC OF SKULL WITH LACERATION OF BRAIN

20 Accident, suicide, or homicide (specify) ACCIDENT
Date of occurrence 8/9/46 19....
Where did injury occur? BOSTON
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? OFFICE BUILDING
(Specify type of place)
Manner of Injury: CRUSHED IN ELEVATOR HEAD INJURY
Nature of Injury:
While at work? ........ Was there an autopsy? NO

21 Was disease or injury in any way related to occupation of deceased? ........
If so, specify ........
(Signed) A R MORITZ, M. D.
(Address) BOSTON Date 8/9/46

22 FRANKLIN CEM FRANKLIN CONN
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL AUG 12/46 19....

23 NAME OF FUNERAL DIRECTOR A A MARSH
ADDRESS WINTHROP MASS.

Received and filed A AUG 19 1946 19....
(Registrar of City or Town where deceased resided)

...of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 143

1 PLACE OF DEATH
Suffolk. (County)
Winthrop. (City or Town)
No. 44 Prospect Avenue. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wilhelmine (Lauritzen) Anderson.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 44 Prospect Avenue. St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 15 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of ... (Give maiden name of wife in full)
(or) WIFE of Carl A. Anderson (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years 4 Months 13 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: At Home

10 Industry or Business: —

11 Social Security No. none

12 BIRTHPLACE (City) Viborg
(State or country) Denmark.

PARENTS

13 NAME OF FATHER Wilhelm Lauritzen.

14 BIRTHPLACE OF FATHER (City) Viborg
(State or country) Denmark.

15 MAIDEN NAME OF MOTHER Johanna Malmgren.

16 BIRTHPLACE OF MOTHER (City)
(State or country) Sweden.

17 Informant Mrs. Nelson Clark. Relation, if any (daughter)
(Address) 44 Prospect Ave, Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/9/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August. (Month) 8. (Day) 1946. (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 15, 1945, to Aug 7, 1946
I last saw her alive on Aug 7, 1946 death is said to have occurred on the date stated above, at 10:9 . m.

Immediate cause of death: Coronary thrombosis — Duration: 8 mos.
Due to: Chronic hypertension — 4 years
Due to:

IMPORTANT

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Date of —
Of autopsy: none
What test confirmed diagnosis? Clinical Signs

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Brien M.D. M. D.
(Address) Winthrop Mass Date Aug 9, 1946

21 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 10, 1946. 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh.
ADDRESS 174 Winthrop St, Winthrop Mass

Received and filed AUG 9 1946 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

03-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 144

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Byrne ~~Winthrop~~ (If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 18 Chester Ave, Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months 1 days. In this community 1 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 34 Years 3 Months 21 Days | If less than 1 day Hours Minutes

9 Usual Occupation: School Teacher

10 Industry or Business: Town of Winthrop

11 Social Security No. —

12 BIRTHPLACE (City) Sligo (State or country) Ireland

PARENTS

13 NAME OF FATHER Martin Byrne

14 BIRTHPLACE OF FATHER (City) Sligo (State or country) Ireland

15 MAIDEN NAME OF MOTHER Margaret Draine

16 BIRTHPLACE OF MOTHER (City) Sligo (State or country) Ireland

17 Informant Mrs James Haley Relation, if any (Aunt)
(Address) 18 Dean St Stoneham

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/12/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 10 (Day) 1946 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Septic abortion — under investigation

20 Accident, suicide, or homicide (specify)
Date of occurrence 19
Where did Injury occur? (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury
Nature of Injury
While at work? Was there an autopsy? Yes

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Richard Ford, M. D.
(Address) 25 Shattuck St. Date 8-10 1946

22 Forest Glade Wakefield Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug 13 1946

23 NAME OF FUNERAL DIRECTOR H. Wilson Powers
ADDRESS 65 Harnden St. Reading Mass

Received and filed AUG 12 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a rollal to that effect.

50m (g)-1-41-4607

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ... —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**..........................................................................

..........................................................................................................

..........................................................................................................

..........................................................................................................

..........................................................................................................

**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

301 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 145

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia A. Sweeney (Sullivan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 200 Pleasant St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) years months 7 days. In this community 40 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: female · 4 COLOR OR RACE: white · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed | 18 DATE OF DEATH: August (Month) 10 (Day) 1946 (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Frank Sweeney (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from June 10, 1946, to Aug 10, 1946. I last saw her alive on 10 Aug, 1946, death is said to have occurred on the date stated above, at 9.30 A m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: Chronic Myocarditis — Duration: IMPORTANT 4 mos |
| 7 IF STILLBORN, enter that fact here. | Due to |
| 8 AGE 84 Years 7 Months 9 Days. If less than 1 day: Hours Minutes | Due to |
| 9 Usual Occupation: at home | Other conditions (Include pregnancy within 3 months of death) Senility |
| 10 Industry or Business: Housewife | Major findings: Of operations: None |
| 11 Social Security No. none | Date of |
| 12 BIRTHPLACE (City) Winthrop (State or Country) Massachusetts | Of autopsy: None |
| PARENTS 13 NAME OF FATHER: Daniel Sullivan | What test confirmed diagnosis? None |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Ireland | IMPORTANT Physician Underline the cause to which death should be charged statistically. |
| 15 MAIDEN NAME OF MOTHER: Ellen McCarthy | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) East Boston (State or Country) Massachusetts | (Signed) John F. Collins, M. D. (Address) 123 Bennington St Boston Mass Date 10 Aug 1946 |
| 17 Informant Mrs. Harvey A. Kelly (Relation, if any) daugh. (Address) 200 Pleasant St. Winthrop | 21 Mt. Auburn, Cambridge — Place of Burial, Cremation or Removal. (City or Town). DATE OF BURIAL Aug. 13 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G. Bakeres (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/12/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Richard C. Kirby. ADDRESS 17 Bennington St. Mass. |
| | Received and Filed AUG 12 1946 19 (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-302

BOSTON

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# COPY OF CERTIFICATE OF DEATH

(City or town making return) 146

Registered No. 7072

1 PLACE OF DEATH
(County)
(City or Town)
No. PETER BENT BRIGHAM HOSP St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HELEN GEORGOUNTZOS (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 23 SHIRLEY ST St. WINTHROP MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years 2 months 21 days. In this community 1 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: FEMALE — 4 COLOR OR RACE: WHITE — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): SINGLE | 18 DATE OF DEATH AUG 11/46 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from MAY 5/46 19, to AUG 11/46, 19 |
| 6 Age of husband or wife if alive years | I last saw hER alive on AUG 11/46 19, death is said to have occurred on the date stated above, at 4 A m. |
| 7 IF STILLBORN, enter that fact here. | Immediate cause of death CEREBRAL EDEMA — Duration: TERM |
| 8 AGE 13 Years Months Days — If less than 1 day Hours Minutes | Due to TUBERCULOSIS — Duration: MOS |
| 9 Usual Occupation: STUDENT | Due to |
| 10 Industry or Business: SCHOOL | Other conditions (Include pregnancy within 3 months of death) |
| 11 Social Security No. | Major findings: Of operations — Date of |
| 12 BIRTHPLACE (City) (State or country) LOWELL MASS, | Of autopsy AS ABOVE |
| PARENTS 13 NAME OF FATHER: GEORGE GEORGOUNTZOS | What test confirmed diagnosis? AUTOPSY AND CLIN |
| 14 BIRTHPLACE OF FATHER (City) (State or country): GREECE | 20 Was disease or injury in any way related to occupation of deceased? If so, specify NO |
| 15 MAIDEN NAME OF MOTHER: KALIROE MANOLOPORDOS | (Signed) W R DUDEN, M. D. |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): GREECE | (Address) BOSTON Date 8/11/46 |
| 17 Informant (Address): SISTER (Relation, if any) | 21 PLACE OF BURIAL, CREMATION OR REMOVAL WINTHROP (Cemetery) WINTHROP (City or Town); DATE OF BURIAL AUG 14/46 19 |
| A TRUE COPY. ATTEST: Michael J. Manning (Registrar of city or town where death occurred) | 22 NAME OF FUNERAL DIRECTOR A C HASIOTIS; ADDRESS BOSTON MASS. |
| DATE FILED AUG 14/46 19 | Received and filed AUG 26 1946 19 (Registrar of City or Town where deceased resided) |

Physician: Underline the cause to which death should be charged statistically.

30m-(b)-6-44-14607

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Provincetown
(City or town making return)

Registered No. 147

1 PLACE OF DEATH
Barnstable (County)
Provincetown (City or Town)
No. Railroad Wharf St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jessie Costa Grainger
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 20 Coral St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ........ years months days. In this community yrs. 1 mos. 14 days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of ........ (Give maiden name of wife in full)
(or) WIFE of William Grainger (Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years - Months - Days. If less than 1 day ........ Hours ........ Minutes

9 Usual Occupation: own home

10 Industry or Business: Housework

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Provincetown, Mass

PARENTS

13 NAME OF FATHER Manuel Costa

14 BIRTHPLACE OF FATHER (City) (State or country) Azores

15 MAIDEN NAME OF MOTHER Jessie Cabral

16 BIRTHPLACE OF MOTHER (City) (State or country) Azores

17 Informant Mary Janopolis (Relation, if any) (cousin)
(Address) 17 Conant St, Provincetown

A TRUE COPY.
ATTEST: Geo L Chapman
(Registrar of city or town where death occurred)

DATE FILED August 12 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 11 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Natural causes-
Probably pulmonary thrombosis

20 Accident, suicide, or homicide (specify) ........
Date of occurrence ........ 19....
Where did Injury occur? ........ (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? ........ (Specify type of place)
Manner of Injury
Nature of Injury
While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify ........
(Signed) Frank O. Cass, M. D.
(Address) Provincetown, Mass Date 8/11 1946

22 Holy Cross Cemetery Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 14 1946

23 NAME OF FUNERAL DIRECTOR Henry W. Carlson
ADDRESS Provincetown, Mass

Received and filed ........ 19....
AUG 19 1946
(Registrar of City or Town where deceased resided)

...of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 148

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 795 Shirley St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anthony R. Muriaty
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 795 Shirley St St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or Institution ____ (Before death) (Specify whether) years months days. In this community 25 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Anna C. Nobis (Give maiden name of wife in full)
(or) WIFE of ____ (Husband's name in full)

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years ____ Months ____ Days. If less than 1 day ____ Hours ____ Minutes

9 Usual Occupation: Retired

10 Industry or Business: Bowling Alleys

11 Social Security No. 025* 03-1103

12 BIRTHPLACE (City) (State or country) Austria

PARENTS

13 NAME OF FATHER Anthony Muriaty

14 BIRTHPLACE OF FATHER (City) (State or country) Austria

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Austria

17 Informant Anna C Nobis (Relation, if any Wife)
(Address) 795 Shirley St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

8/13/46
(Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 12 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 44, to Aug 12, 1946

I last saw him alive on Aug 12, 1946 death is said to have occurred on the date stated above, at 12.30 P.M.

Immediate cause of death: Tuberculosis of Kidneys — Duration: 3 years (IMPORTANT)

Due to ____

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings: Of operations ____ Date of ____

Of autopsy ____

What test confirmed diagnosis? Clinical Signs

IMPORTANT: Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) D. J. O'Brien, M. D.

(Address) Winthrop Mass Date Aug 13 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug 16 1946.

22 NAME OF FUNERAL DIRECTOR John F. O'Maley

ADDRESS Winthrop Mass

Received and filed AUG 21 1946
(Registrar)

50m-(e)-3-43-11574

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

-301 A

Boston notified 9/12/46

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**
**STANDARD**
**CERTIFICATE OF DEATH**

To be filed for burial permit with Board of Health or its Agent.

Registered No. 149

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby ( Boy ) Picardi
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 72 St. Andrew Road St. East Boston Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male — 4 COLOR OR RACE: white — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: August 13, 1946. (Month) (Day) (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1946, to Aug 13, 1946 I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m. |
| 6 Age of husband or wife if alive years | Immediate cause of death: Stillborn |
| 7 IF STILLBORN, enter that fact here. Stillborn | |
| 8 AGE Years Months Days — If less than 1 day Hours Minutes | Due to: Prematurity - 5 months. |
| 9 Usual Occupation: — | |
| 10 Industry or Business: — | Due to |
| 11 Social Security No. — | |
| 12 BIRTHPLACE (City) Winthrop (State or Country) Mass. | Other conditions (Include pregnancy within 3 months of death) |
| PARENTS 13 NAME OF FATHER: Louis Picardi | Major findings: Of operations |
| 14 BIRTHPLACE OF FATHER (City) Boston (State or Country) Mass. | Date of |
| 15 MAIDEN NAME OF MOTHER: Rose De Fronzo | Of autopsy — What test confirmed diagnosis? |
| 16 BIRTHPLACE OF MOTHER (City) Boston (State or Country) Mass. | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify (Signed) Sidney Ellis, M. D. (Address) 311 Comm. Ave Date 8/13/1946 |
| 17 Informant: Louis Picardi (Relation if any: Father) (Address) 72 St. Andrew Rd. E. Boston | 21 St. Michael, Boston — Place of Burial, Cremation or Removal. (City or Town) — DATE OF BURIAL Aug. 14, 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter F. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/14/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR: Albert Scaramella — ADDRESS 39 Orleans St., E. Boston |
| | Received and Filed AUG 21 1946 (Registrar) |

Duration — IMPORTANT
IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION

301 A

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
## DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 150

2 FULL NAME Israel David Savitz
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 28 Neptune Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. (Before death) (Specify whether) - years - months 1 days. In this community 1 yrs. 6 mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Male | 4 COLOR OR RACE: White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow | |
| 5a If married, widowed or divorced HUSBAND of Gena Ebedes (Give maiden name of wife in full) | (or) WIFE of (Husband's name in full) |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 70 Years Months Days | If less than 1 day Hours Minutes |
| 9 Usual Occupation: Produce Dealer | |
| 10 Industry or Business: For Himself | |
| 11 Social Security No. none | |
| 12 BIRTHPLACE (City) (State or Country) Lithuania | |
| PARENTS 13 NAME OF FATHER: Abraham Savitz | |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) Lithuania | |
| 15 MAIDEN NAME OF MOTHER: Hannah (Cannot be learned) | |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) Lithuania | |
| 17 Informant (Address) Leon Masovetsky, 28 Neptune Ave Winthrop | Relation if any: son-in-law |

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH: August (Month) 13 (Day) 1946 (Year) | |
| 19 I HEREBY CERTIFY, That I attended deceased from January 3, 1946, to August 13, 1946; I last saw him alive on August 13, 1946; death is said to have occurred on the date stated above, at 1:50 p.m. | Duration |
| Immediate cause of death: Broncho-pneumonia | IMPORTANT 4 days |
| Due to Arteriosclerosis | 2 years |
| Congestive Failure | 6 mos. |
| Due to Senility | 1 year |
| Other conditions (Include pregnancy within 3 months of death): Multiple Decubitus Ulcers | 3 mos |
| Major findings: Of operations: none | IMPORTANT Physician Underline the cause to which death should be charged statistically. |
| Date of ... Of autopsy: none | |
| What test confirmed diagnosis? clinical & lab | |
| 20 Was disease or injury in any way related to occupation of deceased? No If so, specify | |
| (Signed) Jacob J. Abrams M.D. (Address) 362 Shirley St Winthrop, Mass Date 8/13/46 | |
| 21 Place of Burial, Cremation or Removal: Chevra Thilim (City or Town) Everett Mass | |
| DATE OF BURIAL Aug 14 1946 | |
| 22 NAME OF FUNERAL DIRECTOR: Benjamin Birnbach | |
| ADDRESS 10 Washington St Dorchester | |
| Received and Filed AUG 21 1946 (Registrar) | |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/13/46 (Date of Issue of Permit)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION ______

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 151

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Com. Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl MacDonald
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 98 Woodside Ave St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years — months — days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX Female | 18 DATE OF DEATH Aug (Month) 16 (Day) 1946 (Year) |
| 4 COLOR OR RACE White | 19 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1946, to Aug 16, 1946 |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single | I last saw h.. alive on ......, 19 ..., death is said to have occurred on the date stated above, at 2 P m. 12:06 pm |
| 5a If married, widowed, or divorced HUSBAND of ...... (Give maiden name of wife in full) (or) WIFE of ...... (Husband's name in full) | Duration: per hosp |
| 6 Age of husband or wife if alive ...... years | Immediate cause of death Stillborn |
| 7 IF STILLBORN, enter that fact here. Stillborn | Due to ~~cord around neck~~ cord around neck. |
| 8 AGE ...... Years ...... Months ...... Days; If less than 1 day ...... Hours ...... Minutes | Due to asphyxiation. asphyxiation |
| 9 Usual Occupation: None | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: None | Major findings: Of operations ...... Date of ...... |
| 11 Social Security No. None | Of autopsy ...... |
| 12 BIRTHPLACE (City) (State or country) Winthrop Mass | What test confirmed diagnosis? ...... |
| PARENTS 13 NAME OF FATHER Marvin L. MacDonald | IMPORTANT. Physician Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Lafayette Mississippi | 20 Was disease or injury in any way related to occupation of deceased? ...... If so, specify ...... |
| 15 MAIDEN NAME OF MOTHER Mary A. Gilleo | (Signed) A. N. Caplan M. D. |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) East Boston Mass | (Address) 146 Princeton St E.B. Date 8-17- 1946 |
| 17 Informant Geo Gilleo Relation, if any Grandfather (Address) 98 Woodside Ave | 21 Place of Burial, Cremation or Removal. Winthrop (City or Town) Winthrop. DATE OF BURIAL Aug 19 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G. Bagley (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/19/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Charles H. Treanor. ADDRESS East Boston, Mass. |
| | Received and filed AUG 21 1946 19 ...... (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

per hosp.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

# SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

Boston Notified 9/12/46

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 152

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

2 FULL NAME Viola (baby girl)
(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. 109 Trenton St. E. B. St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) Stillborn (Specify whether) — years months — days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive — years
7 IF STILLBORN, enter that fact here. Still-born
8 AGE ___ Years ___ Months ___ Days. If less than 1 day ___ Hours ___ Minutes
9 Usual Occupation: —
10 Industry or Business: —
11 Social Security No. —
12 BIRTHPLACE (City) (State or country) Winthrop, Mass.

PARENTS
13 NAME OF FATHER: Anthony Viola
14 BIRTHPLACE OF FATHER (City) (State or country): New Bedford, Mass.
15 MAIDEN NAME OF MOTHER: Louise Di Paolo
16 BIRTHPLACE OF MOTHER (City) (State or country): East Boston, Mass.

17 Informant: Anthony Viola (Relation, if any: Father)
(Address) 109 Trenton St. E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Bailey
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/26/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Aug. (Month) 17 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ~~Still born~~, 19__, to ______, 19__
I last saw h___ alive on ______, 19__, death is said to have occurred on the date stated above, at ___M.

Immediate cause of death ~~Fetal heart~~ Still born — Fetal heart heard about Aug 1st

Due to ? Erythroblastosis Fetalis —

Due to Erythroblastosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ______ Date of ______
Of autopsy
What test confirmed diagnosis?

Duration — IMPORTANT — IMPORTANT — Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. Thomas Stoffer, M. D.
(Address) 1 Broad St. Date Aug 18 1946

21 St. Michael, Boston, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug. 20 1946

22 NAME OF FUNERAL DIRECTOR Peter Rapino
ADDRESS 9 Chelsea St East Boston

Received and filed SEP 9 1946 (Registrar)

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(e)-3-43-11574

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

301 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 153

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 8 Atlantic St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ALEXANDER J. DOYLE
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(e) Residence. No. 8 Atlantic St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. 4 mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5e If married, widowed or divorced HUSBAND of Henriette Flynn (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Paper Ruler

11 Social Security No. -------

12 BIRTHPLACE (City) Boston (State or Country) Massachusetts

PARENTS

13 NAME OF FATHER Alexander J. Doyle

14 BIRTHPLACE OF FATHER (City) Donegal (State or Country) Ireland

15 MAIDEN NAME OF MOTHER Jane Merritt

16 BIRTHPLACE OF MOTHER (City) Donegal (State or Country) Ireland

17 Informant Hazel E. Kirley (Relation, if any Niece)
(Address) 8 Atlantic St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/20/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH ~~June~~ Aug (Month) 19 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 12, 1946, to Aug 19, 1946
I last saw him alive on Aug 18, 1946, death is said to have occurred on the date stated above, at 4 A. m.

Immediate cause of death: Cancer of spine — Duration 1946

IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ... Date of ... Of autopsy

What test confirmed diagnosis? X-Ray

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. Lynde Gately M. D.
(Address) 62 Dean ... Date 19 Aug 1946

21 Holy Cross Malden Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 21 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and Filed AUG 21 1946 19 (Registrar)

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION ______________________________

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301 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 154

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian A. (Wray) Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Buchanan St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp (Specify whether) — years 10 months 4 days. In this community 48 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female / 4 COLOR OR RACE: White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: August (Month) 19 (Day), 1946 (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Albert S. Smith (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from October 15, 1945, to August 19, 1946. I last saw her alive on August 18, 1946 death is said to have occurred on the date stated above, at 5 25 A.m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: Chronic Glomerulonephritis — Duration: 3 months |
| 7 IF STILLBORN, enter that fact here. | Due to: Cerebral Hemorrhage — 10 months |
| 8 AGE 74 Years 9 Months 2 Days; If less than 1 day Hours Minutes | Due to: Arteriosclerosis + arterio-sclerotic heart disease — 2 years |
| 9 Usual Occupation: Housewife | Other conditions (Include pregnancy within 3 months of death): None |
| 10 Industry or Business: At Home | Major findings: Of operations: None. Date of |
| 11 Social Security No. None | Of autopsy: None |
| 12 BIRTHPLACE (City) Sackville (State or Country) New Brunswick | What test confirmed diagnosis? Clinical + Laboratory |
| PARENTS 13 NAME OF FATHER: Valentine Wray | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify |
| 14 BIRTHPLACE OF FATHER (City) Sackville (State or Country) New Brunswick | (Signed) Maurice Traunstein Jr., M. D. (Address) 562 Shirley St. Winthrop. Date Aug. 19 1946 |
| 15 MAIDEN NAME OF MOTHER: Frances Weatherhead | 21 Winthrop, Place of Burial, Cremation or Removal. Winthrop (City or Town). DATE OF BURIAL Aug. 21 at 1946 |
| 16 BIRTHPLACE OF MOTHER (City) Sackville (State or Country) New Brunswick | 22 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds - (VR) ADDRESS 180 Winthrop St. Winthrop Mass |
| 17 Informant Virginia Way (Relation, if any: Sister) (Address) 15 Buchanan St Winthrop | Received and Filed AUG 21 1946 (Registrar) |

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/20/46 (Date of Issue of Permit)

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 155

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Com Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward P Visconte
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR). ..........

(a) Residence. No. 22 Woodside Ave St. ..........
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp (Specify whether) (Before death) ..... years ..... months 1 days. In this community 30 yrs. ..... mos. ..... days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | 18 DATE OF DEATH: August (Month) 19 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Edith Miller (Give maiden name of wife in full) (or) WIFE of .......... (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from May 1, 1945, to Aug 19, 1946 I last saw him alive on Aug. 19, 1946 death is said to have occurred on the date stated above, at 6:30 P.m. |
| 6 Age of husband or wife if alive 30 years | Immediate cause of death Cerebral Hemorrhage — Duration: IMPORTANT Sudden |
| 7 IF STILLBORN, enter that fact here. | Due to .......... |
| 8 AGE 33 Years — Months .... Days — If less than 1 day ..... Hours ..... Minutes | Due to .......... |
| 9 Usual Occupation: Taxi Service | Other conditions — (Include pregnancy within 3 months of death) |
| 10 Industry or Business: Taxi | Major findings: Of operations — none — Date of — |
| 11 Social Security No. 031-01-1676 | Of autopsy — none |
| 12 BIRTHPLACE (City) East Boston (State or country) Mass | What test confirmed diagnosis? .......... |
| PARENTS 13 NAME OF FATHER John A Visconte | IMPORTANT Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass | 20 Was disease or injury in any way related to occupation of deceased? no If so, specify .......... |
| 15 MAIDEN NAME OF MOTHER Mary Landry | (Signed) Daniel J. O'Brien M. D. (Address) Winthrop, Mass Date Aug 19 1946 |
| 16 BIRTHPLACE OF MOTHER (City) Gloucester (State or country) Mass | 21 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town) DATE OF BURIAL Aug 22 1946 |
| 17 Informant Edith Visconte (Address) 22 Woodside Ave Relation, if any (wife) | 22 NAME OF FUNERAL DIRECTOR Kirby Bros ADDRESS 210 Winthrop St Winthrop |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/22/46 (Date of Issue of Permit) | Received and filed .......... 19.... SEP 3 1946 (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
# COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Quincy (City or town making return)

156

Registered No. 572

1 PLACE OF DEATH
Norfolk (County)
Quincy (City or Town)
No. 40 Harriet Ave., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John A. Gates (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) --

(a) Residence. No. 208 Cliff Ave., ~~xxx~~ St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution -- years months days. In this community yrs. mos. days. (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Roseanna Egan (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years - Months - Days. If less than 1 day Hours Minutes

9 Usual Occupation: Upholsterer

10 Industry or Business: Furniture

11 Social Security No. has lost card

12 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

13 NAME OF FATHER James Gates

14 BIRTHPLACE OF FATHER (City) Durham (State or country) England

15 MAIDEN NAME OF MOTHER Elizabeth Matthews

16 BIRTHPLACE OF MOTHER (City) Lancashire, (State or country) England

17 Informant Alice B. McCavan (Relation, if any: sister) (Address) 73 Moseley St., Dorchester

A TRUE COPY.
ATTEST: Hattiemay Thomas
(Registrar of city or town where death occurred)

DATE FILED Aug. 22, 1946 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 21 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Heart disease, presumably Coronary Sclerosis (found dead in bed.)

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did Injury occur? (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury

Nature of Injury

While at work? No Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Geo. D. Dalton M. D.
(Address) Quincy Date 8/21/46

22 Mt. Hope Cem., Boston, Mass.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug. 23, 1946 19

23 NAME OF FUNERAL DIRECTOR John W. Baldyza
ADDRESS So. Boston

Received and filed SEP - 5 1946 19
(Registrar of City or Town where deceased resided)

25m-10-'39. No. 8427-g

after the close of the month in which the death occurred. (See Chap. 46, Sec. 17, G. L.)

301 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 157

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) Worcester notified 9/12/46

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BABY GIRL TUSHMAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 8 Kensington Rd St. Worcester, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. 30 mins — years — months — days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | | |
|---|---|---|
| 3 SEX: F | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | | |
| 6 Age of husband or wife if alive ... years | | |
| 7 IF STILLBORN, enter that fact here. [redacted] | | |
| 8 AGE ... Years ... Months ... Days | If less than 1 day ... Hours 30 Minutes | |
| 9 Usual Occupation: — | | |
| 10 Industry or Business: — | | |
| 11 Social Security No. — | | |
| 12 BIRTHPLACE (City) (State or Country): Winthrop, Mass. | | |
| PARENTS 13 NAME OF FATHER: Harry Tushman | | |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Worcester, Mass. | | |
| 15 MAIDEN NAME OF MOTHER: Doris Krentzman | | |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Chelsea, Mass. | | |

17 Informant Samuel Krentzman Relation, if any Grandfather
(Address) 86 Sagamore Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/21/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 18 DATE OF DEATH: Aug (Month) 21, (Day) 1946 (Year) |

19 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1946, to Aug 21, 1946
I last saw her alive on Aug 21, 1946 death is said to have occurred on the date stated above, at ✓ A. m.

Immediate cause of death: Prematurity — Duration: 6 mo

IMPORTANT: Born at 4:30 AM, 8/21/46

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ... Date of ... Of autopsy

What test confirmed diagnosis? Clinical findings

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) M. G. Rubin (?) M. D.
(Address) 84 Comm. Ave. Boston (?) Date 8/21, 1946

21 Workingmen Circle (Place of Burial, Cremation or Removal.) West Roxbury (City or Town)
DATE OF BURIAL 8-22 1946

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St. Dorch.

Received and Filed AUG 21 1946 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 158

Boston notified 9/12/46

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DePrizio (Baby Girl) (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 416 Saratoga St. East Boston (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) — (Specify whether) — years — months — days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female / 4 COLOR OR RACE: White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: Aug (Month) 23 (Day) 1946 (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) / | 19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m. |
| 6 Age of husband or wife if alive / years | Immediate cause of death: macerated fetus — Stillborn macerated fetus |
| 7 IF STILLBORN, enter that fact here Stillborn | |
| 8 AGE Years Months Days; If less than 1 day Hours Minutes | Due to: Premature Rupture of Membranes. |
| 9 Usual Occupation: — | Due to |
| 10 Industry or Business: — | |
| 11 Social Security No. — | Other conditions (Include pregnancy within 3 months of death) |
| 12 BIRTHPLACE (City) (State or Country) Winthrop, Mass. | |
| 13 NAME OF FATHER Rudolph DiPrizio | Major findings: Of operations |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) Italy | Date of |
| 15 MAIDEN NAME OF MOTHER Margaret Ricardi | Of autopsy / What test confirmed diagnosis? Clinical Exam |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) Boston Mass | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 17 Informant Rudolph DiPrizio (Relation, if any) father (Address) 416 Saratoga St. E Boston | (Signed) Sydney Ellis, M. D. (Address) 311 Commonwealth Av. Date Aug 23 1946 |
| | 21 St Michael Boston Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Aug. 26, 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter L. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/26/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Albert Scaramella ADDRESS 39 Orleans St., East Boston Mass |
| | Received and Filed SEP 3 1946 19 (Registrar) |

Duration

IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

301 A

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**
**STANDARD**
**CERTIFICATE OF DEATH**

To be filed for burial permit with Board of Health or its Agent.

Registered No. 159

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ——— Kirby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 4 Woodside Park St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution Hosp. years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | | |
|---|---|---|
| 3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): — |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) | | |
| (or) WIFE of (Husband's name in full) | | |
| 6 Age of husband or wife if alive ... years | | |
| 7 IF STILLBORN, enter that fact here. Stillborn | | |
| 8 AGE ... Years ... Months ... Days | If less than 1 day ... Hours ... Minutes | |
| 9 Usual Occupation: — | | |
| 10 Industry or Business: — | | |
| 11 Social Security No. — | | |
| 12 BIRTHPLACE (City) Winthrop (State or Country) Mass | | |
| PARENTS 13 NAME OF FATHER: John T. Kirby | | |
| 14 BIRTHPLACE OF FATHER (City) East Boston (State or Country) Mass | | |
| 15 MAIDEN NAME OF MOTHER: Mary McMullen | | |
| 16 BIRTHPLACE OF MOTHER (City) East Boston (State or Country) Mass | | |

17 Informant John T. Kirby (Relation, if any) (Father)
(Address) 4 Woodside Park Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker, M.D.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/26/46 (Date of Issue of Permit)

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH Aug (Month) 23 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m.

Immediate cause of death: Still Born
Due to ~~Hypertension~~ Prematurity
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

Duration
IMPORTANT
IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Fred O'Regan, M. D.
(Address) 670 Saratoga St Date 8/23 1946

21 St Michaels Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug 26 1946

22 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and Filed SEP 3 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION ______________________

03-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 160

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby girl Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) ..........

(a) Residence. No. 60 Bates ave Winthrop St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or Institution Not — years — months — days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced HUSBAND of .......... (Give maiden name of wife in full)
(or) WIFE of .......... (Husband's name in full)

6 Age of husband or wife if alive / years

7 IF STILLBORN, enter that fact here. Still Born

8 AGE ....Years ....Months ....Days | If less than 1 day ....Hours ....Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) (State or country) Cannot be learned

15 MAIDEN NAME OF MOTHER Grace M Smith

16 BIRTHPLACE OF MOTHER (City) (State or country) Winthrop Mass

17 Informant Sarah Smith Relation, if any Grandmother
(Address) 60 Bates Ave Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Bakket
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/26/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August ~~24~~ 23 - 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Prematurity:
Stillborn

20 Accident, suicide, or homicide (specify) ..........
Date of occurrence .......... 19....
Where did Injury occur? .......... (City or town and State)
Did injury occur in or about home, on farm, in Industrial place, or in public place? .......... (Specify type of place)
Manner of Injury miscarriage due to maternal
Nature of Injury Splenic anaemia:
While at work? — Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify ..........
(Signed) Wm J. Brickley M. D.
(Address) Boston Date Aug 24 1946

22 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug 27, 1946 19..

23 NAME OF FUNERAL DIRECTOR Geo J Conolly
ADDRESS 1409 Washington st Boston

Received and filed AUG 27 1946 19..
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**..........................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

03-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 161

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grace M. Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 60 Bates Ave Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 1. days. In this community 22 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Single |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 22 Years Months Days / If less than 1 day Hours Minutes | 22 |
| 9 Usual Occupation: | At Home |
| 10 Industry or Business: | |
| 11 Social Security No. | none |
| 12 BIRTHPLACE (City) (State or country) | Winthrop Mass |
| PARENTS 13 NAME OF FATHER | Lewis Smith |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Dartmouth, N.S. |
| 15 MAIDEN NAME OF MOTHER | Sarah MacFadden |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Ireland |
| 17 Informant (Address) Relation if any | Sarah Smith, 60 Bates Ave. Winthrop, Mass. — Mother |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/26/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH (Month) (Day) (Year) | August 24 1946 |
| 19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) | Post Partum Hemorrhage; Splenic anaemia; Surgical Shock |
| 20 Accident, suicide, or homicide (specify) | |
| Date of occurrence 19 | |
| Where did Injury occur? (City or town and State) | |
| Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) | |
| Manner of Injury | Died quickly following a |
| Nature of Injury | precipitate delivery |
| While at work? Was there an autopsy? | yes |
| 21 Was disease or injury in any way related to occupation of deceased? If so, specify | — |
| (Signed) M. D. | W. J. Brickley |
| (Address) Date 19 | Boston Mass, Aug 24 1946 |
| 22 Place of Burial, Cremation, or Removal. (City or Town) | Winthrop Cemetery, Winthrop Mass |
| DATE OF BURIAL 19 | Aug 27, 1946 |
| 23 NAME OF FUNERAL DIRECTOR | John J. Connolly |
| ADDRESS | 1404 Washington St. Boston |
| Received and filed 19 (Registrar) | AUG 27 1946 |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**..................................................

..................................................

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..................................................

..................................................

**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

1 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 162

1 PLACE OF DEATH
Suffolk. (County)
Winthrop. (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gretta Laura Swett.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 19 Court Road. St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months days 10 hrs In this community 35 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: female · 4 COLOR OR RACE: white · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married | 18 DATE OF DEATH: August (Month) 25 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Frank F. Swett (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from June 4, 1935 to August 25, 1946 I last saw her alive on August 24 1946 death is said to have occurred on the date stated above, at 6:40 A.m. |
| 6 Age of husband or wife if alive 66 years | Immediate cause of death: Cerebral Hemorrhage — Duration: 36 hours |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 68 Years 1 Months 21 Days; If less than 1 day ... Hours ... Minutes | Due to Arteriosclerosis — 5 years |
| 9 Usual Occupation: At Home | |
| 10 Industry or Business: " " | Due to Hypertension — 10 years |
| 11 Social Security No. none | |
| 12 BIRTHPLACE (City) Dorchester (State or country) New Brunswick | Other conditions none (Include pregnancy within 3 months of death) |
| PARENTS — 13 NAME OF FATHER William Kinnear | IMPORTANT — Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Canada | Major findings: Of operations none ... Date of ... Of autopsy none |
| 15 MAIDEN NAME OF MOTHER Lavina Tate | What test confirmed diagnosis? clinical + lab |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) Canada | 20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Jacob Abrams M.D. M. D. (Address) 562 Shirley St. Winthrop Date 8/27/46 |
| 17 Informant Frank F. Swett (Relation, if any) (husband) (Address) 19 Court Rd, Winthrop Mass | 21 Winthrop Cemetery Winthrop Mass — Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL August 28, 1946. 19 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter L. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/27/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh ADDRESS 174 Winthrop St, Winthrop, Mass |
| | Received and filed ... 19 ... SEP 3 1946 (Registrar) |

100m-(g)-1-45-15510

### EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which be died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

1 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 163

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 48 Shore Drive St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dorothy Reinstein
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 141 Engelwood ave St. Brighton, M
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 3 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female; 4 COLOR OR RACE: white; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married | 18 DATE OF DEATH: Aug (Month) 30 (Day) 1946 (Year) |
| 5a If married, widowed or divorced HUSBAND of (or) WIFE of: Samuel Reinstein (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from ......, 19...., to ......, 19.... I last saw h.... alive on ......, 19.... death is said to have occurred on the date stated above, at 4 P m. |
| 6 Age of husband or wife if alive: 51 years | Immediate cause of death: Cerebral hemorrhage — Duration: |
| 7 IF STILLBORN, enter that fact here. | Due to |
| 8 AGE 49 Years .... Months .... Days; If less than 1 day .... Hours .... Minutes | Due to: Hypertension — 10 yr |
| 9 Usual Occupation: Housewife | Other conditions: My. cardi[illegible] insufficiency (Include pregnancy within 3 months of death) |
| 10 Industry or Business: at home | Major findings: Of operations ...... Date of ...... |
| 11 Social Security No.: none | Of autopsy ...... |
| 12 BIRTHPLACE (City) (State or country): Russia | What test confirmed diagnosis? ...... |
| PARENTS 13 NAME OF FATHER: Samuel Yudin | IMPORTANT Physician Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Russia | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 15 MAIDEN NAME OF MOTHER: Sarah Cunkuon[illegible] | (Signed) [illegible] M. D. (Address) [illegible] Health Date 8/30/46 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Russia | 21 Place of Burial, Cremation or Removal: Sharon[?] (City or Town) Woburn; DATE OF BURIAL Sept 1 — 1946 |
| 17 Informant: Samuel Reinstein; Relation, if any: (husband); (Address) 141 Engelwood ave Brighton | 22 NAME OF FUNERAL DIRECTOR: Henry Levine; ADDRESS 470 Harvard St. Brookline |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G. Baker (Signature of Agent of Board of Health or other) Health Officer 8/30/46 (Official Designation) (Date of Issue of Permit) | Received and filed SEP 3 1946 19.... (Registrar) |

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as reqnired by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 164

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 5 Irwin St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Melvin Shannon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 5 Irwin St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ... years months days. (Before death) (Specify whether) In this community 35 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Margaret Grimes (Give maiden name of wife in full)
(or) WIFE of ... (Husband's name in full)

6 Age of husband or wife if alive 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Diesel Engineer

10 Industry or Business: Bethlem Steel

11 Social Security No.

12 BIRTHPLACE (City) Canton (State or country) Maine

PARENTS

13 NAME OF FATHER Thomas Shannon

14 BIRTHPLACE OF FATHER (City) ... (State or country) Maine

15 MAIDEN NAME OF MOTHER Ada Lonjoy

16 BIRTHPLACE OF MOTHER (City) ... (State or country) Maine

17 Informant Margaret Grimes (Relation, if any: wife)
(Address) 5 Irwin St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G Baker
(Signature of Agent of Board of Health or other)
H. O. ... 9/6/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept (Month) 4 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1946, to Sept 4, 1946
I last saw him alive on Sept 4, 1946 death is said to have occurred on the date stated above, at 8:25 P m.

Immediate cause of death: Coronary thrombosis — Duration: 3 days
Due to: Coronary sclerosis — Duration: 2 6 months
Due to ...

IMPORTANT

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations ... Date of ...
Of autopsy ...
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. G. Greenfield M. D.
(Address) 147 Shirley St. Winthrop Date 9-5 1946

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept 7, 1946

22 NAME OF FUNERAL DIRECTOR Kirby Bros.
ADDRESS 310 Winthrop St.

Received and filed ... 19...
SEP 9 1946
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home wben the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-302
✓

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH
SUFFOLK (County)
(City or Town)
No. MASS MEMORIAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)

Registered No. 7793 165

2 FULL NAME NATHAN FERAR
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) NO

(a) Residence. No. 10 WAVEWAY AVE St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE
4 COLOR OR RACE: WHITE
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): MARRIED

5a If married, widowed, or divorced HUSBAND of GUSSIE LUFTMAN
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years ...... Months ...... Days | If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: LEATHER WORKER

10 Industry or Business: WINSHIP CO

11 Social Security No. 029-07-9213

12 BIRTHPLACE (City) (State or country) RUSSIA

PARENTS

13 NAME OF FATHER: JACOB R FERAR

14 BIRTHPLACE OF FATHER (City) (State or country): RUSSIA

15 MAIDEN NAME OF MOTHER: -----

16 BIRTHPLACE OF MOTHER (City) (State or country): RUSSIA

17 Informant (Address): SON ( Relation, if any )

A TRUE COPY
ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED SEPT 10/46 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH SEPT 7/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from SEPT 7/46, 19...., to SEPT 7/46, 19....
I last saw hIM alive on SEPT 7/46, 19...., death is said to have occurred on the date stated above, at 4:45 m.

| | Duration |
|---|---|
| Immediate cause of death: CARDIAC FAILURE | 1 DY |
| Due to: CORONARY SCLEROSIS WITH OCCLUSION | 1 DY |
| Due to: | |

Other conditions MITRAL STENOSIS
(Include pregnancy within 3 months of death)

Major findings:
Of operations ........ Date of ........
Of autopsy ABOVE
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R OSGOOD, M. D.
(Address) BOSTON Date 9/8/46 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL: WINTHROP (Cemetery) EVERETT (City or Town)
DATE OF BURIAL SEPT 8/46 19

22 NAME OF FUNERAL DIRECTOR B BIRNBACH
ADDRESS BOSTON

Received and filed SEP 28 1946 19
(Registrar of City or Town where deceased resided)

50m-(b)-6-44-14607

X

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 166

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine Markell
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 173 Shirley St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution 5 years 9 months 3 days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female | 18 DATE OF DEATH: September 9, 1946 (Month) (Day) (Year) |
| 4 COLOR OR RACE: White | 19 I HEREBY CERTIFY, That I attended deceased from October 29 1945, to September 9, 1946 |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | I last saw her alive on September 9, 1946, death is said to have occurred on the date stated above, at 4:05 a. m. |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Charles Markell (Husband's name in full) | Immediate cause of death: Arteriosclerotic heart disease — Duration: 7 yrs |
| 6 Age of husband or wife if alive 78 years | Due to |
| 7 IF STILLBORN, enter that fact here. | Due to |
| 8 AGE 75 Years Months Days — If less than 1 day Hours Minutes | Other conditions (Include pregnancy within 3 months of death) |
| 9 Usual Occupation: Housewife | Major findings: Of operations — Date of |
| 10 Industry or Business: | Of autopsy |
| 11 Social Security No. none | What test confirmed diagnosis? Clinical |
| 12 BIRTHPLACE (City) (State or country) Lynn | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| PARENTS — 13 NAME OF FATHER: Timothy Looney | (Signed) Peter B. Hagopian M. D. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Ireland | (Address) DSH Date 9/13 1946 |
| 15 MAIDEN NAME OF MOTHER: Mary Donahue | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery), Winthrop (City or Town) |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland | DATE OF BURIAL September 11 1946 |
| 17 Informant M.K.McPhillips (Address) DSH (Relation, if any) | 22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop |
| A TRUE COPY. ATTEST: [signature] (Registrar of city or town where death occurred) DATE FILED September 16 1946 | Received and filed OCT 5 1946 19 (Registrar of City or Town where deceased resided) |

Physician: Underline the cause to which death should be charged statistically.

50m-(b)-6-44-14607

X

-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 167

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Edith Harvie
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ..........

(a) Residence. No. 135 Highland St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution .......... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: September (Month) 13, (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of .......... (Give maiden name of wife in full) (or) WIFE of .......... (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from August 17, 1946, to September 13, 1946. I last saw her alive on September 13, 1946, death is said to have occurred on the date stated above, at 1:45 a.m. |
| 6 Age of husband or wife if alive .......... years | Immediate cause of death: Arteriosclerotic heart disease — Duration: .......... |
| 7 IF STILLBORN, enter that fact here. | Due to .......... |
| 8 AGE 67 Years .... Months .... Days .... If less than 1 day .... Hours .... Minutes | Due to .......... |
| 9 Usual Occupation: Secretary | Other conditions .......... (Include pregnancy within 3 months of death) |
| 10 Industry or Business: .......... | Major findings: Of operations .......... Date of .......... |
| 11 Social Security No. Unknown | Of autopsy .......... |
| 12 BIRTHPLACE (City) (State or country) .......... | What test confirmed diagnosis? Clinical |
| PARENTS: 13 NAME OF FATHER: William Harvie | 20 Was disease or injury in any way related to occupation of deceased? .......... If so, specify .......... |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Scotland | (Signed) Peter B. Lagopian, M. D. (Address) DSH Date 9/13/1946 |
| 15 MAIDEN NAME OF MOTHER: (Crawford) | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn (Cemetery) Everett (City or Town) |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Scotland | DATE OF BURIAL: September 16, 1946 |
| 17 Informant (Address): M.K.McPhillips (Relation, if any ..........) | 22 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds ADDRESS: Winthrop |
| A TRUE COPY. ATTEST: [signature] (Registrar of city or town where death occurred) | Received and filed .......... 19.. OCT 5 1946 (Registrar of City or Town where deceased resided) |
| DATE FILED September 16, 1946 | |

Physician: Underline the cause to which death should be charged statistically.

30m-(b)-6-44-14607

301 A

1 PLACE OF DEATH Suffolk (County)

Winthrop (City or Town)

No. 48 Belcher St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 168

2 FULL NAME Maria F. Kanairy Flanagan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 48 Belcher St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. 1 mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: September 14 (Month) (Day) 1946 (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Mark A. Flanagan (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 |
| 6 Age of husband or wife if alive years | I last saw h alive on , 19 , death is said to have occurred on the date stated above, at 8.50 A m. |
| 7 IF STILLBORN, enter that fact here. | Immediate cause of death: Coronary Embolism |
| 8 AGE 75 Years Months Days If less than 1 day Hours Minutes | Due to ME. M.E. waived jurisdiction |
| 9 Usual Occupation: Housewife | Due to |
| 10 Industry or Business: Own Home | Other conditions (Include pregnancy within 3 months of death) |
| 11 Social Security No. | Major findings: Of operations |
| 12 BIRTHPLACE (City) Boston (State or Country) Massachusetts | Date of |
| PARENTS 13 NAME OF FATHER: Thomas Kanairy | Of autopsy |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) Ireland | What test confirmed diagnosis? |
| 15 MAIDEN NAME OF MOTHER: Margaret Handrahan | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) Ireland | (Signed) P. J. Mahoney, M. D. (Address) M.B.H. Date 9-14- 1946 |
| 17 Informant Mrs Grafton Wood (Relation, if any) (daughter) (Address) 48 Belcher St Winthrop | 21 ~~Cemetery~~ WINTHROP W. ~~Boston Mass~~ WINTHROP Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL September 17 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G Baker (Signature of Agent of Board of Health or other) H.O. (Official Designation) at Sept 16/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR John F. O'Maley ADDRESS Winthrop Mass. |
| | Received and Filed SEP 19 1946 19 (Registrar) |

Duration IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 169

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 72 Crystal Cove Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph F. Curran
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 72 Crystal Cove Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution No years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of Catherine O'Donnell (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Meat Cutter

10 Industry or Business: Meat Market

11 Social Security No. 012-01-1311

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER Nicholas Curran

14 BIRTHPLACE OF FATHER (City) (State or country) Galway Ireland

15 MAIDEN NAME OF MOTHER Elizabeth Wilshire

16 BIRTHPLACE OF MOTHER (City) (State or country) North Shields England

17 Informant William Curran (Relation, if any son)
(Address) 40 Belcher St., Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Walter L. Blake
(Signature of Agent of Board of Health or other)
H.O. SEP 1 1946 9/19/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 16 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July, 194..., to Sept 16, 1946
I last saw him alive on Sept. 16, 1946 death is said to have occurred on the date stated above, at 7:30 P. m.

Immediate cause of death: Carcinomatosis | Duration: months

IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings:
Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph Gregoire M. D.
(Address) 336 Summer St. Date 9/17 1946

21 Holy Cross, Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL September 19, 1946

22 NAME OF FUNERAL DIRECTOR John E. Kelly
ADDRESS 11 Meridian St., E. B.

Received and filed SEP 19 1946 19...
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

10/9/46 "age" per tel. conversation with Mr Kelly E.W.D. 31

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____

DATE OF ENTERING MILITARY SERVICE ____

DATE OF DISCHARGE ____

RANK, RATING ____

ORGANIZATION AND OUTFIT ____

SERVICE NUMBER ____

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 170

1 PLACE OF DEATH
Suffolk. (County)
Winthrop. (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis Herbert
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR). N

(a) Residence. No. 18 Irwin Street St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital (Specify whether) years months 10 days. (Before death) In this community 27 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married
5a If married, widowed, or divorced HUSBAND of Nellie Vean Arnsby (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive 65 years
7 IF STILLBORN, enter that fact here.
8 AGE 73 Years 8 Months 17 Days | If less than 1 day ... Hours ... Minutes
9 Usual Occupation: retired cigar maker
10 Industry or Business: Odenze Cigar Mfg Co, Boston
11 Social Security No. 023-05-0575
12 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS
13 NAME OF FATHER Norman Herbert.
14 BIRTHPLACE OF FATHER (City) (State or country) Germany.
15 MAIDEN NAME OF MOTHER Celia Albin.
16 BIRTHPLACE OF MOTHER (City) (State or country) Germany.

17 Informant Mrs Nellie Herbert (Relation, if any Wife)
(Address) 18 Irwin St. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G Baker
(Signature of Agent of Board of Health or other)
40 (Official Designation) am Sept 19/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 18, 1946. (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1946, to Sept 18, 1946
I last saw h alive on Sept 17 1946 death is said to have occurred on the date stated above, at ... m.

Immediate cause of death Coronary Embolism — Duration: 1d
Due to myocarditis — 9/1/46
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

IMPORTANT
IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) G [illegible] M. D.
(Address) 9 Washington [illegible] Date 9/19 1946

21 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept. 20, 1946. 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and filed SEP 19 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and sball also certify in such certificate both thc primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place betwecn February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________________

DATE OF ENTERING MILITARY SERVICE ____________________

DATE OF DISCHARGE ____________________

RANK, RATING ____________________

ORGANIZATION AND OUTFIT ____________________

SERVICE NUMBER ____________________

1946

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 171

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 125 Cliff Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Georgia Evelyn Mahony
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ........

(a) Residence. No. 37 Dedham St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months days. In this community 22 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Single |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | — |
| 6 Age of husband or wife if alive | — years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 73 Years ...... Months ...... Days. If less than 1 day ...... Hours ...... Minutes |
| 9 Usual Occupation | Bookkeeper |
| 10 Industry or Business | Edward H. Marchant Co. |
| 11 Social Security No. | 022-03-8997 |
| 12 BIRTHPLACE (City) (State or country) | Somerville, Mass. |
| 13 NAME OF FATHER | William H. Mahony |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Georgianna Parker |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Maine |
| 17 Informant (Address) | Mrs. Grace B. DuCott, 37 Dedham St Revere Mass. Relation, if any |

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 18th (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 4, 1946, to Sept. 18, 1946
I last saw her alive on Sept 18, 1946, death is said to have occurred on the date stated above, at 3:45 A.m.

Immediate cause of death Heart failure — Duration 6 Mos

Due to arteriosclerotic heart disease with congestive failure - Banti's

Due to syndrome with cirrhosis, esophageal varices + splenomegaly, chronic nephritis -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ........ Date of ........
Of autopsy ........
What test confirmed diagnosis? ........

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ........
(Signed) Andrew Catino M. D.
(Address) 94 Beach St Revere Date Sept 18 1946

21 Woodlawn Cemetery, Everett, Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL September 20 1946

22 NAME OF FUNERAL DIRECTOR Edith M. Merwin
ADDRESS 305 Beach St, Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Walter G. Baker M.D. (Signature of Head of Board of Health or other)
Chairman Bd. of Health (Official Designation) Revere Mass. (Date of Issue of Permit) 9/19/46

Received and filed SEP 19 1946 19......
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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**SPACE FOR ADDITIONAL INFORMATION** ..........................................................

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301 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

per hospital conversation 10/10/46

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 172

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Masella
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 628 Boulevard St. [illegible] Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) 50 mins. years months days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male / 4 COLOR OR RACE: White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: Sept. (Month) 19 (Day) 1946 (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1946, to Sept. 19, 1946. I last saw h— alive on Sept 19, 1946, death is said to have occurred on the date stated above, at 9:30 P.m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: 5 mo prematurity |
| 7 IF STILLBORN, enter that fact here. ~~Alive~~ XXXXXXXXX | Due to |
| 8 AGE Years Months Days; If less than 1 day Hours 50 Minutes | Due to |
| 9 Usual Occupation: None | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: None | Major findings: Of operations ... Date of |
| 11 Social Security No. None | Of autopsy |
| 12 BIRTHPLACE (City) (State or Country) Winthrop, Mass | What test confirmed diagnosis? |
| PARENTS 13 NAME OF FATHER: Daniel R Masella | Duration |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Boston Mass | IMPORTANT Physician Underline the cause to which death should be charged statistically. |
| 15 MAIDEN NAME OF MOTHER: Anna A. Twarjan | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Manchester N.H. | (Signed) [illegible], M. D. (Address) 22 [illegible] Date 9/20 1946 |
| 17 Informant: Daniel R Masella (Relation, if any: father) (Address) 628 Boulevard [illegible] | 21 Place of Burial, Cremation or Removal: St. Michael's (City or Town) Boston. DATE OF BURIAL 23 Sept 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter A. Baker [illegible] (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 9/23/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR: [illegible] ADDRESS 57 So. Virginia St Boston. |
| | Received and Filed OCT 2 1946 19 (Registrar) |

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 173

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. WINTHROP COMMUNITY HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BABY GIRL MASELLA
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ..........

(a) Residence. No. 628 BOULEVARD St. REVERE Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months days. In this community yrs. mos. days.
(Before death) (Specify whether) 1 hr 17 mins

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: FEMALE
4 COLOR OR RACE: WHITE
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): SINGLE

5a If married, widowed, or divorced HUSBAND of ..........
(Give maiden name of wife in full)
(or) WIFE of ..........
(Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. ~~Stillborn~~ ✓

8 AGE ...... Years ...... Months ...... Days | If less than 1 day 1 Hours 17 Minutes

9 Usual Occupation: None

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) WINTHROP (State or country) MASS

PARENTS
13 NAME OF FATHER DANIEL R MASELLA
14 BIRTHPLACE OF FATHER (City) BOSTON (State or country) MASS
15 MAIDEN NAME OF MOTHER ANNA A. TWARJAN
16 BIRTHPLACE OF MOTHER (City) MANCHESTER (State or country) N. H.

17 Informant DANIEL R. MASSELLA (Relation if any father)
(Address) 628 Boulevard Rev.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 9/23/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 19 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1946, to Sept. 19, 1946

I last saw her alive on Sept 19, 1946, death is said to have occurred on the date stated above, at ~~xxxxx~~ 10:00 P. m.

Immediate cause of death 5 month Prematurity

Due to ..........

Due to ..........

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .......... Date of ..........
Of autopsy ..........
What test confirmed diagnosis? ..........

Duration

IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .......... If so, specify ..........
(Signed) [illegible] M. D.
(Address) [illegible] Date 9/20 1946

21 St. Michael's Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 23 Sept. 1946

22 NAME OF FUNERAL DIRECTOR Pennacchio & Son
ADDRESS 59 So. Margin St. Boston

Received and filed OCT 2 1946 19..
(Registrar)

per hospital conversation 10/10/46

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

302

2

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

1 PLACE OF DEATH
Essex (County)
Rockport (City or Town)
No. Tarr Lane St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)
Registered No. 174

2 FULL NAME Thomas Cusiter
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 77 Bartlett Road St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ........ (Specify whether) years months days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Emily J. Henry (Give maiden name of wife in full)
(or) WIFE of ........ (Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years - Months 1 Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Chauffeur

10 Industry or Business:

11 Social Security No. 033-18-5135

12 BIRTHPLACE (City) South Ronaldshay (State or country) Orkney Islands, Scotland

PARENTS

13 NAME OF FATHER Thomas Cusiter

14 BIRTHPLACE OF FATHER (City) unable to learn (State or country) Scotland

15 MAIDEN NAME OF MOTHER Margaret Brown

16 BIRTHPLACE OF MOTHER (City) unable to learn (State or country) Scotland

17 Informant (Address) Mrs. Emily Cusiter (Relation, if any Wife) Tarr Lane, Rockport, Mass.

A TRUE COPY.
ATTEST: Esther E. Johnson
(Registrar of city or town where death occurred)

DATE FILED September 19, 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 23, (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1946, to Sept. 19, 1946
I last saw him alive on Sept. 19, 1946, death is said to have occurred on the date stated above, at 5 P. m.

Immediate cause of death: Myocardiitis — Duration: 2 months plus
Due to: Bronchial Asthma — 5 Years "
Arterio-Sclerosis — 5 " "
Due to ........

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ........ Date of ........
Of autopsy ........
What test confirmed diagnosis? ........

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ........
(Signed) E. E. Cleaves M. D.
(Address) Rockport, Mass. Date 9/24 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beech Grove (Cemetery) Rockport (City or Town)
DATE OF BURIAL Sept. 26, 1946

22 NAME OF FUNERAL DIRECTOR Elmer F. Burgess Inc.
ADDRESS Rockport, Mass.

Received and filed OCT 10 1946
(Registrar of City or Town where deceased resided)

50m-10-'39. No. 8427-f

301 A

✓

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

# The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 175

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret A. Murphy Williams
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 356 Pleasant st St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 7 days. In this community 20 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (name of wife in full)
(or) WIFE of Andrew B. Williams (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years Months Days — If less than 1 day: Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) East Boston (State or Country) Mass

PARENTS

13 NAME OF FATHER Cornelius Murphy

14 BIRTHPLACE OF FATHER (City) (State or Country) Ireland

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or Country) Ireland

17 Informant (Address) Alice Williams (Relation if any Daughter)
356 Pleasant St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/25/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept (Month) 23 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1946, to Sept 23, 1946
I last saw her alive on Sept 23, 1946 death is said to have occurred on the date stated above, at 8 P m.

Immediate cause of death Hypostatic pneumonia — Duration 1 day
Due to Leucemia
Due to myelogenous

IMPORTANT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT — Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. Mahoney, M. D.
(Address) Washington Date 9/24/1946

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept 26 1946 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed OCT 1 1946 19
(Registrar)

✓

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

# COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 8316 176

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hugh F A Moran
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 36 Prospect Ave St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months days. In this community 57 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Elizabeth L Hewitt
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ----- years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 3 Months 21 Days | If less than 1 day ....Hours....Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Dyestuff

11 Social Security No. 012-01-6790

12 BIRTHPLACE (City) (State or country) East Boston Mass.

PARENTS

13 NAME OF FATHER Hugh Moran

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Margaret Connelly

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs W Holland (Relation if any) (Daughter)
(Address)

A TRUE COPY.
ATTEST: Michael F. Manning
(Registrar of city or town where death occurred)

DATE FILED ........ 19....

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 25/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Cirrhosis of the liver alcoholism

20 Accident, suicide, or homicide (specify)
Date of occurrence ........ 19....
Where did Injury occur? ........
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place?
(Specify type of place)
Manner of Injury
Nature of Injury
While at work? ........ Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? ........
If so, specify ........
(Signed) Richard Ford M. D.
(Address) Boston Mass. Date 9-25/46

22 Winthrop Cem-Winthrop Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept. 27/46 19....

23 NAME OF FUNERAL DIRECTOR Richard C Kirby
ADDRESS Boston Mass.

Received and filed ~~Sept. 30/46~~ 19....
OCT 5 1946
(Registrar of City or Town where deceased resided)

25m-(d)-6-43-12056

... of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 177

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Belle Schroeder
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 1497 North Shore Road St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 14 days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Carl J Schroeder (Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. none

12 BIRTHPLACE (City) Orange (State or country) Mass

PARENTS

13 NAME OF FATHER Not Known Ballou

14 BIRTHPLACE OF FATHER (City) Not Known (State or country) Not Known

15 MAIDEN NAME OF MOTHER Not Known

16 BIRTHPLACE OF MOTHER (City) Not Known (State or country) Not Known

17 Informant Carl J Schroeder Relation, if any Husband
(Address) 1497 North Shore Road Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 9/27/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 27, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1946, to Sept 26, 1946
I last saw h**er** alive on Sept 26, 1946 death is said to have occurred on the date stated above, at 5.40 a.m.

| Cause | Duration |
|---|---|
| Immediate cause of death Coronary thrombosis | 12 hrs |
| Due to Arterio-sclerosis | 6 yrs |
| Due to Acute Myocardial Insuf. (INSUF.) | 9-13-46 |
| Other conditions Diabetes Mellitus (MELLITUS) (Include pregnancy within 3 months of death) | 8 years |

IMPORTANT

Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations ... Date of ...
Of autopsy ...
What test confirmed diagnosis? Clinical findings

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harold T Musgrave M. D.
(Address) 626 Beach St Revere Date 9-27 1946

21 Central Orange
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 29 1946

22 NAME OF FUNERAL DIRECTOR Frederick J Magrath
ADDRESS East Boston

Received and filed OCT 3 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

103-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 178

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 59 Beal St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anders Emil Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 59 Beals St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution ... years months days. In this community 38 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Hanna Olson (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 5 Months 2 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Engineer (Retired)

10 Industry or Business: Stationery Engines

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Sweeden

PARENTS

13 NAME OF FATHER Andrew Anderson

14 BIRTHPLACE OF FATHER (City) (State or country) Sweeden

15 MAIDEN NAME OF MOTHER Anna Anderson

16 BIRTHPLACE OF MOTHER (City) (State or country) Sweeden

17 Informant Edward Anderson (Relation, if any Son)
(Address) 54 Beals St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/2/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 29 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Asphyxia (hanging)
Suicide during fit of insanity

20 Accident, suicide, or homicide (specify) Suicide
Date of occurrence Probably 9-28 1946
Where did Injury occur? Winthrop Mass (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? home (Specify type of place)
Manner of Injury noose of clothesline
Nature of Injury self-inflicted
While at work? ... Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Richard Ford, M. D.
(Address) 25 Shattuck St Date 9-29 1946

22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 2 1946

23 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed OCT 2 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m (g)-1-41-4067

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospitai medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standsrd certificste of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chspter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engsged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nesrly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificste contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or msrine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shali forthwith go to the place where the body lies and take charge of the same; . . . —General Lsws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his nsme and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpcse of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also desths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)** ..............................................................

..........................................................................................

..........................................................................................

..........................................................................................

..........................................................................................

**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

General carcinomatosis
Carcinoma epidermoid
Grade I palate

01 A

V

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 179

1 PLACE OF DEATH
Suffolk. (County)
Winthrop (City or Town)
No. 146 Lincoln St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elmer Harold Bassett
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 146 Lincoln St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 38 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Annie M. Wilder (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 11 Months Days — If less than 1 day Hours Minutes

9 Usual Occupation: Retired Supt.

10 Industry or Business: Soap Mfg.

11 Social Security No. 012-10-7392

12 BIRTHPLACE (City) Chelsea (State or country) Mass

PARENTS
13 NAME OF FATHER Samuel B Bassett.
14 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass
15 MAIDEN NAME OF MOTHER Mary E. Clark
16 BIRTHPLACE OF MOTHER (City) Chelsea. (State or country) Mass

17 Informant Annie M Bassett Relation, if any (Wife)
(Address) 146 Lincoln St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/2/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept (Month) 29 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1946, to Sept 29, 1946
I last saw him alive on Sept 29, 1946 death is said to have occurred on the date stated above, at 7:30 A.m.

Immediate cause of death: Terminal broncho-pneumonia
General carcinomatosis
Due to: Carcinoma, epidermoid Grade I of palate
Due to

Duration — IMPORTANT

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Myron N. King, M. D.
(Address) 562 Shirley St. Winthrop Date 30 Sept 1946

21 ~~Woodlawn~~ Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct 2 1946

22 NAME OF FUNERAL DIRECTOR Richard H. White
ADDRESS 147 Winthrop St Winthrop

Received and filed OCT 3 - 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision ol this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispoae of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the aelectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the obaervance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including reaulting aepticemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**SPACE FOR ADDITIONAL INFORMATION** ..........................................................................

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31 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 180

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 65 Sargent St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Estalle Phillips
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 65 Sargent St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution ... years months days. In this community 65 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 6 Months 27 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Retired Engraver

10 Industry or Business: Commercial Printing Co

11 Social Security No. None

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER George D. Phillips

14 BIRTHPLACE OF FATHER (City) Ardella Springs
(State or country) Maryland

15 MAIDEN NAME OF MOTHER Esther Agnes Daley

16 BIRTHPLACE OF MOTHER (City)
(State or country) New York

17 Informant Mrs Willis E. Cafalay Relation, if any Sister
(Address) 65 Sargent St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 9/29/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 29 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., 19 ...
I last saw h... alive on Sept 29, 1946 death is said to have occurred on the date stated above, at 10.15 A.m.

Immediate cause of death Coronary Embolism | Duration 2

IMPORTANT

Due to

Due to

Other conditions
(include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Board of Health Date 9/4 1946

21 Winthrop Cem Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct 1 1946

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed OCT 2 1946 19
(Registrar)

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or frcm one grave or tomb other than the receiving tomb to another in the same ccmetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________________

DATE OF ENTERING MILITARY SERVICE ____________________

DATE OF DISCHARGE ____________________

RANK, RATING ____________________

ORGANIZATION AND OUTFIT ____________________

SERVICE NUMBER ____________________

R302

1 OF DEATH

(County)

(City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 181

# New York State Department of Health
DIVISION OF VITAL STATISTICS
## CERTIFICATE OF DEATH

37686

Dist. No. 4953
To be inserted by registrar

Registered No. 58

Form VS No. 60b. 2-10-44-10M Books (8D-608)

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH

N.B.—WRITE OR TYPEWRITE LEGIBLY WITH DURABLE BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statements of RESIDENCE and OCCUPATION are very important. See instructions on back of certificate.

1 PLACE OF DEATH: STATE OF NEW YORK
County Seneca
Town Romulus
Village Romulus
City ........ Ward
No. USNH Sampson New York St.
(If a hospital or institution give its NAME instead of street and number)
Length of stay:
In hospital or institution 0 yrs. 7 mos. 21 days
In town, village or city 0 yrs. 7 mos. 21 days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)
State Massachusetts
County
Town Winthrop
Village or City
No. ........ St.
Is residence within limits of city or incorporated village? Yes
2a Citizen of foreign country (alien)? No (Yes or no)
If yes, name country

3 Full Name Edward Louis INGHAM

4 (a) Social Security No. Unknown
4 (b) If Veteran, Name War WW #11

5 Sex Male
6 Color or Race White
7 Single, Married, Widowed, or Divorced (Write the word) Single

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife NONE — Age if alive ........ years

9 DATE OF BIRTH (month, day, year) June 8, 1927

10 AGE Years 18 Months 9 Days 16 — IF LESS than 1 day, 5 hrs. or 50 min.

11 Usual occupation Unknown

12 Industry or business U. S. Navy

13 BIRTHPLACE (City or Town) (State or Country) Rhode Island

FATHER
14 NAME Louis Ingham
15 BIRTHPLACE (City or Town) (State or Country) Unknown

MOTHER
16 MAIDEN NAME Unknown
17 BIRTHPLACE (City or Town) (State or Country) Unknown

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's own signature H. E. Chipley (HC) USN
Address USNH SAMPSON NEW YORK

19 PLACE OF BURIAL, CREMATION OR REMOVAL Manton, R. I.
DATE OF BURIAL June 27, 1946

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Early & Coval
ADDRESS Ovid, N.Y. John Coval
UNDERTAKER'S License No. 3313

21 Date received 6/25/1946 Anna McGough
Signature of Registrar or Subregistrar

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) June 24 1946

23 I HEREBY CERTIFY, That I attended deceased from June 10, 1946, to June 24, 1946
I last saw h/h alive on June 23, 1946
To the best of my knowledge, death occurred on the date stated above, at 5:50 A.m.
Immediate cause of death Tuberculosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ........ Date
Of autopsy
What laboratory test was made? X-Ray Sputum

DURATION OF CONDITION — Yrs. | Mos. | Dys.

PHYSICIAN Underline the cause to which death should be charged.

13.2

24 If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

25 Signature M. SONENBERG Lt. (jg) USNR M.D.
Address Sampson N.Y. Date 6-25-46

Burial or Transit Permit issued by Anna McGough — Date of issue June 25-46

NOV 4 1946

1R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

REVERE (City or town making return)

Registered No. 182

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. 237 Endicott Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Freda Bass (Stern) (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 47 Highland Avenue St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) None (Specify whether) — years — months — days. In this community 1 yrs. — mos. — days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William Bass (Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years — Months — Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER (c.b.l.) Stern

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER c.b.l.

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Samuel Bass (Relation, if any son)
(Address) 47 Highland Ave., Winthrop

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 29, (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1943, to Aug. 29, 1946. I last saw her alive on Aug. 28, 1946, death is said to have occurred on the date stated above, at 2 P.m.

Immediate cause of death: Congestive heart failure — Duration: 10 days

Due to ...

Due to ...

Other conditions Arteriosclerotic Heart (Include pregnancy within 3 months of death) — Several yrs

Physician Underline the cause to which death should be charged statistically.

Major findings: Of operations None
Date of ...
Of autopsy None

What test confirmed diagnosis? Ex., xrays etc.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Samuel H. Feldman, M. D.
(Address) 170 Chestnut St. Chelsea Date 8/29 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Bnai Israel of Beachmont- (Cemetery) Everett (City or Town)
DATE OF BURIAL Aug. 30, 1946

22 NAME OF FUNERAL DIRECTOR H. J. Torf
ADDRESS 151 Washington Ave., Chelsea

A TRUE COPY.
ATTEST: Joseph F. [signature] (Registrar of city or town where death occurred)
DATE FILED September 6, 1946

Received and filed SEP 16 1946 19...
(Registrar of City or Town where deceased resided)

50m (e)-1-41-4007

5302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 7562 183

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Strong Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine A DeFreitas (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 78 Marshall St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution (Before death) (Specify whether) years 4 months days. In this community yrs. 8 mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Matthew J DeFreitas (Husband's name in full)

6 Age of husband or wife if alive ---- years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 5 Months 12 Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: At Home

10 Industry or Business: Housewife

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER ----- Driscoll

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass.

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Unknown

17 Informant K M DeFreitas (Relation if any Son)
(Address)

A TRUE COPY. [signature]
ATTEST: Sept 3/46 (Registrar of city or town where death occurred)

DATE FILED ... 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 29/46 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 29, 19 46, to August 29, 19 46

I last saw her alive on August, 1946, death is said to have occurred on the date stated above, at ---- m.

Immediate cause of death
Carcinoma
Cancer of rectum — Duration 3 Yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ... Date of

Of autopsy

What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) J H Strong, M. D.
(Address) Boston Mass Date 8-29 19 46

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross-Malden Mass (Cemetery) (City or Town)

DATE OF BURIAL August 31/46 19

22 NAME OF FUNERAL DIRECTOR Richard C Kirby
ADDRESS Boston Mass.

Received and filed SEP 12 1946 19

(Registrar of City or Town where deceased resided)

50m-(b)-6-44-14607

1302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 763 781

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Floating Hospt 20 Ash St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dianne Evelynne Burke (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 38 Locust St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ... years months 21 days. In this community yrs. mos. 21 days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: F; 4 COLOR OR RACE: W; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: Sept/2/46 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of ... (Give maiden name of wife in full) (or) WIFE of ... (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from August 8, 1946, to Sept. 2, 1946. I last saw her alive on Sept. 2/46, 19..., death is said to have occurred on the date stated above, at 9:10AM m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: Cardio respiratory failure due (Duration) |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE ... Years ... Months 25 Days; If less than 1 day ... Hours ... Minutes | Due to Prematurity and parental diarrhea |
| 9 Usual Occupation: ----- | |
| 10 Industry or Business: | Due to |
| 11 Social Security No. | Other conditions (Include pregnancy within 3 months of death) |
| 12 BIRTHPLACE (City) (State or country): Winthrop Mass. | Physician: Underline the cause to which death should be charged statistically. |
| PARENTS 13 NAME OF FATHER: Lawrence Burke | Major findings: Of operations ... Date of ... |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Providence R.I. | Of autopsy ... |
| 15 MAIDEN NAME OF MOTHER: Evelyn Aulis | What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Sherbrook Quebec Can. | (Signed) M J Foley, M. D. (Address) Boston Mass Date 9-2 1946 |
| 17 Informant (Address): Father (Relation, if any) | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop Cem (Cemetery) - Winthrop Mass. (City or Town); DATE OF BURIAL: Sept. 4/46 19 |
| A TRUE COPY. ATTEST: [signature] (Registrar of city or town where death occurred) | 22 NAME OF FUNERAL DIRECTOR: H S Reynolds; ADDRESS: Winthrop Mass. |
| DATE FILED Sept/5 1946 | Received and filed SEP 12 1946 19 (Registrar of City or Town where deceased resided) |

50m-(b)-6-44-14607

5302

BOSTON

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 7635

1 PLACE OF DEATH
(County) SUFFOLK
(City or Town) BOSTON
No. MASS MEMORIAL HOSP St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MICHAEL GANNON (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) NO

(a) Residence. No. 30 LEWIS AVE St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ... years ... months 6 days. In this community ... yrs. ... mos. ... days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: MALE / 4 COLOR OR RACE: WHITE / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): MARRIED | 18 DATE OF DEATH: SEPT 2/46 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of AMY DUFFY (Give maiden name of wife in full) (or) WIFE of ... (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from 8/27/46, 19..., to SEPT 2/46, 19... I last saw h IM alive on SEPT 2/46 19..., death is said to have occurred on the date stated above, at 1:15 A m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death HEMOPERICARDIUM WITH CARDIAC TAMPONADE — Duration: 1 HRS |
| 7 IF STILLBORN, enter that fact here. | Due to ACUTE MYOCARDIAL INFARCTION WITH RUPTURE OF LEFT VENTRICLE — Duration: 10 DYS |
| 8 AGE 65 Years 8 Months 8 Days; If less than 1 day ... Hours ... Minutes | Due to ANTERIOR |
| 9 Usual Occupation: STEREOTYPE OPER | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: NEWSPAPER | Major findings: Of operations ... Date of ... |
| 11 Social Security No. 023-03-5059 | Of autopsy ABOVE |
| 12 BIRTHPLACE (City) (State or country) CANADA | What test confirmed diagnosis? AUTOPSY |
| PARENTS 13 NAME OF FATHER ---- GANNON | Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country) ----- | 20 Was disease or injury in any way related to occupation of deceased? ... If so, specify ... |
| 15 MAIDEN NAME OF MOTHER ----- | (Signed) C A POWELL, M. D. (Address) BOSTON Date 9/2/46 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) ----- | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: ST PATRICK (Cemetery) PROV R I (City or Town) |
| 17 Informant SON (Address) (Relation, if any) | DATE OF BURIAL SEPT 5/46 19... |
| A TRUE COPY. ATTEST: Michael J. Manning (Registrar of city or town where death occurred) | 22 NAME OF FUNERAL DIRECTOR T J SKEFFINGTON ADDRESS PROVIDENCE R I |
| DATE FILED SEPT 4/46 19... | Received and filed SEP 12 1946 19... (Registrar of City or Town where deceased resided) |

(See Chap. 46, Sec. 12, G. L.) ... in which the deceased resided

50m-(b)-6-44-14607

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 186

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 115 Loring Road, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James William Madden
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 115 Loring Road, Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) none (Specify whether) years months days. In this community 15 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Margaret J. McNamara (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 93 Years 3 Months 8 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Tool Manufacturer

10 Industry or Business: Self

11 Social Security No. none

12 BIRTHPLACE (City) East Boston (State or country) Massachusetts

PARENTS

13 NAME OF FATHER Timothy Madden

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Doherty

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Francis P. Madden (Relation, if any son) (Address) 115 Loring Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker M.D. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/3/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 2 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 20, 1946, to Sept 2, 1946,
I last saw him alive on Sept 2, 1946 death is said to have occurred on the date stated above, at 3.55 P m.

Immediate cause of death: Cardiac Dilatation — Duration: Aug 31

IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) senility

IMPORTANT

Major findings: Of operations none ... Date of ...
Of autopsy none
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] M. D.
(Address) 123 Bennington St E. Boston Date Sept 3 1946

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept. 5 1946

22 NAME OF FUNERAL DIRECTOR Richard E. Kirby
ADDRESS 17 Bennington St. E.Boston

Received and filed 10/1/46 19 ...
(Registrar)

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________________

DATE OF ENTERING MILITARY SERVICE ____________________

DATE OF DISCHARGE ____________________

RANK, RATING ____________________

ORGANIZATION AND OUTFIT ____________________

SERVICE NUMBER ____________________

____________________

202

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Cambriage
(City or town making return)

Registered No. 1241 187

1 PLACE OF DEATH
Middlesex (County)
Cambridge (City or Town)
No. Holy Ghost Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Brady
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ..........

(a) Residence. No. 125 Cliff Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp 1 years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male / 4 COLOR OR RACE: white / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: Sept 8, 1946 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of Sarah McLaughlin (Give maiden name of wife in full) (or) WIFE of .......... (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from .........., 19......, to .........., 19...... I last saw h...... alive on .........., 19......, death is said to have occurred on the date stated above, at 8 14 A m. |
| 6 Age of husband or wife if alive .......... years | Immediate cause of death: Pulmonary Edema — Duration: 1dy |
| 7 IF STILLBORN, enter that fact here. | Due to: Arterio Sclerotic ht disease — 6 yrs |
| 8 AGE 85 Years ..... Months ..... Days ..... If less than 1 day ..... Hours ..... Minutes | Due to: Gen Arterio sclerosis — 20 yrs |
| 9 Usual Occupation: retired | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: B. M. R. R. | Major findings: Of operations .......... Date of .......... |
| 11 Social Security No. .......... | Of autopsy: as above |
| 12 BIRTHPLACE (City) Boston (State or country) Mass. | What test confirmed diagnosis? autopsy |
| PARENTS — 13 NAME OF FATHER: James Brady | 20 Was disease or injury in any way related to occupation of deceased? no |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Ireland | If so, specify .......... |
| 15 MAIDEN NAME OF MOTHER: Unable to learn | (Signed) John J Larkin, M. D. |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): " " " | (Address) 215 Perkin St Date Sept 8 1946 |
| 17 Informant Sarah E Hosemer (Relation, if any ..........) (Address) 234 Woodside Ave. Winthrop | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. (Cemetery) Malden (City or Town) — DATE OF BURIAL: Sept 10 1946 |
| A TRUE COPY. ATTEST: Sept 10, 1946 (Registrar of city or town where death occurred) | 22 NAME OF FUNERAL DIRECTOR: L. J. DeNeill — ADDRESS: Revere |
| DATE FILED Frederick H. Burke 19...... | Received and filed OCT 19 1946 (Registrar of City or Town where deceased resided) |

Physician: Underline the cause to which death should be charged statistically.

30m-(b)-6-44-14607

R102

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 8516 189

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Egan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence, No. 229 Washington St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months ? days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: M — 4 COLOR OR RACE: W — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: Oct. 2/46 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of Mary Bowen (Give maiden name of wife in full) (or) WIFE of ........ (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Oct.2/46, 19...., to Oct/2/46, 19...... I last saw h -- alive on ----, 19...., death is said to have occurred on the date stated above, at 11 PM m. |
| 6 Age of husband or wife if alive ----- years | Immediate cause of death: Hemopericardium with cardiac tamponade — Duration: Hrs |
| 7 IF STILLBORN, enter that fact here. | Due to: Dissecting aneurysm — Duration: Hrs |
| 8 AGE 65 Years ...... Months ...... Days — If less than 1 day ...... Hours ...... Minutes | Due to: |
| 9 Usual Occupation: Machinist | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: U.S.Gov't. | Major findings: Of operations ........ Date of ........ |
| 11 Social Security No. 021-18-6163 | Of autopsy |
| 12 BIRTHPLACE (City) (State or country): Boston Mass. | What test confirmed diagnosis? autopsy |
| PARENTS — 13 NAME OF FATHER: William Egan | 20 Was disease or injury in any way related to occupation of deceased? ........ If so, specify ........ |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass. | (Signed) M W O'Connell, M. D. (Address) Boston City Hospt Date 10-3 1946 |
| 15 MAIDEN NAME OF MOTHER: Mary Brown | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary (Cemetery) Boston Mass. (City or Town) |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Scotland | DATE OF BURIAL: Oct.6/46 19.... |
| 17 Informant (Address): William Egan — Relation, if any: Brother | 22 NAME OF FUNERAL DIRECTOR: J F O'Maley — ADDRESS: Winthrop Mass. |
| A TRUE COPY. ATTEST: Michael [signature] (Registrar of city or town where death occurred) | Received and filed ........ 19.... OCT 26 1946 (Registrar of City or Town where deceased resided) |
| DATE FILED Oct.7 1946 | |

Physician: Underline the cause to which death should be charged statistically.

50m-(b)-6-44.14607

03-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 190

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 6 Lewis Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Morris
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) ....

(a) Residence. No. 6 Lewis ave Winthrop St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution — years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .... (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)

6 Age of husband or wife if alive .... years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years .... Months .... Days | If less than 1 day .... Hours .... Minutes

9 Usual Occupation: Typist

10 Industry or Business: Business Service

11 Social Security No. 011-14-6709

12 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

13 NAME OF FATHER William A Morris

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Catherine Keefe

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant Records (Address) ( Relation, if any .... )

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/28/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October - 2 - 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Gas Poisoning

20 Accident, suicide, or homicide (specify) accidental
Date of occurrence Oct - 2 - 1946
Where did injury occur? Winthrop (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury found dead in her dining room
Nature of Injury Gas
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify ....
(Signed) Wm. J. Brickley M. D.
(Address) Boston Date Oct 4 1946

22 Forrest Hills Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 28 1946

23 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed .... 19....
OCT 28 1946
.... (Registrar)

extracts from the laws relative to the return of certificates of death.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)** ..............................................................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R.01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 191

Boston notified 11/12/46

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Thomas
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ........

(a) Residence. No. 80 Eutaw St St. E. Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 1 days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced HUSBAND of ........ (Give maiden name of wife in full)
(or) WIFE of ........ (Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE ........ Years ........ Months 1 Days | If less than 1 day ........ Hours ........ Minutes

9 Usual Occupation: ........

10 Industry or Business: ........

11 Social Security No. ........

12 BIRTHPLACE (City) (State or country): Winthrop, Mass.

PARENTS

13 NAME OF FATHER: Joseph W. Thomas

14 BIRTHPLACE OF FATHER (City) (State or country): East Boston, Mass.

15 MAIDEN NAME OF MOTHER: Beatrice Leandry

16 BIRTHPLACE OF MOTHER (City) (State or country): East Boston, Mass.

17 Informant: Joseph W Thomas (Relation, if any: Father)
(Address): 80 Eutaw St E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/7/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: October (Month) 2 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1946, to Oct 2, 1946, I last saw him alive on Oct 2, 1946, death is said to have occurred on the date stated above, at 7 P m.

Immediate cause of death: Prematurity — Duration

IMPORTANT

Due to ........

Due to ........

Other conditions ........ (Include pregnancy within 3 months of death)

IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings:
Of operations ........ Date of ........
Of autopsy ........
What test confirmed diagnosis? ........

20 Was disease or injury in any way related to occupation of deceased? ........
If so, specify ........
(Signed) A. N. Caplan, M. D.
(Address) 186 Princeton St E B Date 10-5 1946

21 St Michael's Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct 8 1946

22 NAME OF FUNERAL DIRECTOR Frederick J Magrath
ADDRESS East Boston

Received and filed OCT 8 1946 19....
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or hy section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and helief, served in the army, navy or marine corps of the United States in any war in which it has heeu engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hury or otherwise dispose of a human hody in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the hoard of health or its agent aforesaid or from the clerk of the town where the body is huried. No such permit shall be issued until there shall have been delivered to such hoard, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required hy law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a memher of the hoard of health, or employed hy it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused hy violence, the medical examiner shall make such certificate. If such a permit for the removal of a human hody, not previously interred, from one town to another within the commonwealth cannot be ohtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such hody has been sooner ohtained herennder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can he obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the hody lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where the body is to he huried or the funeral is to he held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the ohservance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and hy the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following ahortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disahled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can he known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 192

Boston mat. rec'd 11/12/46

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert F. Mullen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR). No

(a) Residence. No. 4 Neptune Road St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 1 days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ...... years

7 IF STILLBORN, enter that fact here.

8 AGE 35 Years 3 Months 1 Days. If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: Service station attendant

10 Industry or Business: Auto parking

11 Social Security No. None

12 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Bernard M. Mullen

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Helena A. Castle

16 BIRTHPLACE OF MOTHER (City) Somerville (State or country) Mass.

17 Informant Bernard M. Mullen (Relation, if any Father)
(Address) 4 Neptune Rd. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/8/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. (Month) 7 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 1946, to Oct. 7 1946
I last saw him alive on Oct. 7, 1946, death is said to have occurred on the date stated above, at 3.15 A m.

Immediate cause of death
Myocarditis — Duration: months
chronic valvular
Due to chronic valvular heart disease — Duration: years
heart disease
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ...... Date of ......
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify Gregoire
(Signed) Joseph Gregoire M. D.
(Address) 334 Summer St. Date 10/8 1946

21 Holy Cross Cemetery, Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 10 1946

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston, Massachusetts

Received and filed OCT 14 1946 19......
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______________________

DATE OF ENTERING MILITARY SERVICE ______________________

DATE OF DISCHARGE ______________________

RANK, RATING ______________________

ORGANIZATION AND OUTFIT ______________________

SERVICE NUMBER ______________________

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 193

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 104 Highland Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith (Chase) ~~(Judge)~~ Perry
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 410 Shirley St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution Rest Home 5years ✓years months days. (Before death) (Specify whether) In this community 50 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | female |
| 4 COLOR OR RACE | white |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | married |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | Nathaniel Perry |
| 6 Age of husband or wife if alive | 67 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 87 Years 7 Months 12 Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | At home |
| 10 Industry or Business: | " " |
| 11 Social Security No. | none |
| 12 BIRTHPLACE (City) (State or country) | East Boston Mass |
| PARENTS 13 NAME OF FATHER | Chase |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Unable To Obtain " " " |
| 15 MAIDEN NAME OF MOTHER | " " " |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | " " " / " " " |
| 17 Informant (Address) | Mildred Lavers - Relationship grand-daughter; 180 East St. Methuen Mass. |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/8/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH | October 7, 1946 (Month) (Day) (Year) |

19 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1946, to Oct. 7, 1946
I last saw her alive on Oct 6, 1946, death is said to have occurred on the date stated above, at 7:15 a.m.

Immediate cause of death: Cerebral Hemorrhage — Duration: IMPORTANT from Sept 30, 1946

Due to ...

Due to ...

Other conditions Generalized arterio-sclerosis 10 yrs (Include pregnancy within 3 months of death)

IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings: Of operations none ... Date of ✓
Of autopsy none
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) Byrdie W. Dickinson, M. D.
(Address) Winthrop, Mass Date 10/8, 1946

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 9, 1946

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and filed OCT 1 2 1946 19...
(Registrar)

(per Mr. Marsh 7/01...)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect. ... extracts from the laws on back of certificate. ... EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain ...

100m-(g)-1-45-15510

#### EXTRACTS FROM THE LAWS OF THE
### COMMONWEALTH OF MASSACHUSETTS
#### GOVERNING THE
## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 194

corrected copy 1/10/47

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Stone Waterman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) World War I

(a) Residence. No. 46 Hillside ave Winthrop St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution ... — years — months — days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of: Daisy Alden (Give maiden name of wife in full)
(or) WIFE of ... (Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE ~~52~~ 57 Years — Months ~~15~~ 25 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Purchasing Agent

10 Industry or Business: Fuel

11 Social Security No. 012-07-1987

12 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

13 NAME OF FATHER ~~Unable To Obtain~~ Waterman

14 BIRTHPLACE OF FATHER (City) (State or country) Unable to obtain

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain

17 Informant Daisy Waterman (Relation, if any Wife)
(Address) 46 Hillside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/9/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October – 7 – 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
acute Cardiac Failure
Chronic myocarditis
Probably Coronary Sclerosis

20 Accident, suicide, or homicide (specify) ...
Date of occurrence ... 19 ...
Where did injury occur? ... (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? ... (Specify type of place)
Manner of Injury: Collapsed while walking on
Nature of Injury: Street & died quickly
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify ...
(Signed) Wm J. Brickley M.D., M. D.
(Address) Boston Date Oct 7 – 1946

22 Winthrop — Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 10 1946

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed OCT 14 1946 19 ...
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
extracts from the laws relative to the return of certificates of death.

Daisy Waterman Con WW I discharge Papers 1/9/47

50m (g)-1-'44-4607

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this aection and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such atatement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the csre of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examinera shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaestbetic." "Fracture of the skull with asaociated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)** ..................................................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

01 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 195

1 PLACE OF DEATH
Suffolk (County);
Winthrop (City or Town)
No. 76 ~~129~~ Fremont St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME Catherine Cotter (Crowley)
(If deceased is a married, widowed or divorced woman give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 76 ~~129~~ Fremont St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 10 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX Female / 4 COLOR OR RACE White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow | 18 DATE OF DEATH Oct (Month) 10 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Jeremiah Cotter (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from July 1946 to Oct 10, 1946. I last saw her alive on Oct 8, 1946 death is said to have occurred on the date stated above, at 6 A m. |
| 6 Age of husband or wife if alive years | Immediate cause of death myocarditis arteriosclerosis — Duration 1 yr |
| 7 IF STILLBORN, enter that fact here. | Due to |
| 8 AGE 79 Years — Months — Days. If less than 1 day Hours Minutes | Due to |
| 9 Usual Occupation: Retired | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: at Home | Major findings: Of operations Date of |
| 11 Social Security No. — | Of autopsy |
| 12 BIRTHPLACE (City) (State or country) Ireland | What test confirmed diagnosis? |
| PARENTS 13 NAME OF FATHER James Crowley | IMPORTANT |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Ireland | Physician: Underline the cause to which death should be charged statistically. |
| 15 MAIDEN NAME OF MOTHER Unable to ~~learn~~ obtain | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) " " | (Signed) C. Trypharus, M. D. (Address) 4 Washington Date 10-11-1946 |
| 17 Informant Joseph Cotter (Relation, if any Son) (Address) 76 Fremont St | 21 Holy Cross, Malden. Place of Burial, Cremation or Removal (City or Town). DATE OF BURIAL Oct 12 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G Baker (Signature of Agent of Board of Health or other) H.O. (Official Designation) Oct. 11/1946 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR R. J. DeNeill ADDRESS Revere Mass. |
| | Received and filed OCT 1 4 1946 19 (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-'42-8855

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**SPACE FOR ADDITIONAL INFORMATION** ..........................................................

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01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 196

1 PLACE OF DEATH
Suffolk. (County)
Winthrop. (City or Town)
No. 157 Cottage Park Road. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Uriah Nash Coffin. (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 157 Cottage Park Road. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community 30 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Annie Louise Talbot (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 4 Months 8 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Marine Engineer

10 Industry or Business: U.S.Maritime Service

11 Social Security No. 015-18-4693

12 BIRTHPLACE (City) Harrington (State or country) Maine

PARENTS

13 NAME OF FATHER Uriah Nash Coffin.Sr.

14 BIRTHPLACE OF FATHER (City) Harrington (State or country) Maine

15 MAIDEN NAME OF MOTHER Harriett Cleaves

16 BIRTHPLACE OF MOTHER (City) (State or country) Maine

17 Informant Mrs. Uriah Coffin (Relation if any Wife)
(Address) 157 Cottage Park Rd, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Bailey
(Signature of Agent of Board of Health or other)
Health Office 10/14/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct (Month) 13 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at 2 A m.

Immediate cause of death Coronary Embolism

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

Duration
IMPORTANT
IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible] M. D.
(Address) Bd of Health Date 10/13 19 46

21 Puritan Lawn Cemetery Lynnfield
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct 15, 1946 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and filed OCT 18 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____

DATE OF ENTERING MILITARY SERVICE ____

DATE OF DISCHARGE ____

RANK, RATING ____

ORGANIZATION AND OUTFIT ____

SERVICE NUMBER ____

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 197

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anthony F Holahan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 81 Plummer Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 7 days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) | Cora Marceia |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | 75 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 76 Years 7 Months – Days; If less than 1 day: Hours Minutes |
| 9 Usual Occupation: | Investigator (Retired) |
| 10 Industry or Business: | Dunn & Bradstreet |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or country) | New York City, New York |
| PARENTS 13 NAME OF FATHER | Anthony Holahan |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Unable To Obtain |
| 15 MAIDEN NAME OF MOTHER | Almira Kerr |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | New York City, New York |
| 17 Informant (Address) | Edgar Holahan (Relation, if any: Son), 81 Plummer Ave. Winthrop |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/14/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 13 1946.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1946, to Oct. 14. 13, 1946. I last saw him alive on Oct. 12., 1946, death is said to have occurred on the date stated above, at 2. 35 p. m.

| | Duration |
|---|---|
| Immediate cause of death: chronic myocarditis | 6 Years |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death): Generalized. Arterio sclerosis | 10 Years |

IMPORTANT
IMPORTANT
Physician Underline the cause to which death should be charged statistically.

Major findings: Of operations none. Date of
Of autopsy none
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] W. Dickinson M. D.
(Address) Winthrop Mass. Date Oct. 14 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct. 15, 1946

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed OCT 18 1946 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(i)-1-44-13634

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 198

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 24 Fairview St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J. Hasson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 24 Fairview St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) No (Specify whether) years months days. In this community 45 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male / 4 COLOR OR RACE: White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: Oct (Month) 16 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from July 1, 1946, to Oct 16, 1946. I last saw him alive on Oct 15, 1946 death is said to have occurred on the date stated above, at 5 A m. |
| 6 Age of husband or wife if alive — years | Immediate cause of death Cerebral hemorrhage |
| 7 IF STILLBORN, enter that fact here. | Due to Arterio sclerosis |
| 8 AGE 74 Years Months Days / If less than 1 day Hours Minutes | Due to myocarditis |
| 9 Usual Occupation: Retired Actor | Other conditions (include pregnancy within 3 months of death) |
| 10 Industry or Business: Theatrical | Major findings: Of operations ... Date of ... |
| 11 Social Security No. None | Of autopsy |
| 12 BIRTHPLACE (City) East Boston (State or country) Mass. | What test confirmed diagnosis? |
| PARENTS 13 NAME OF FATHER John Hasson | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 14 BIRTHPLACE OF FATHER (City) — (State or country) Ireland | (Signed) [illegible] M. D. |
| 15 MAIDEN NAME OF MOTHER Elizabeth Hasson O.K. | (Address) [illegible] Date 10-17-1946 |
| 16 BIRTHPLACE OF MOTHER (City) — (State or country) Ireland | 21 Holy Cross Malden — Place of Burial, Cremation or Removal (City or Town); DATE OF BURIAL October 19, 1946 |
| 17 Informant Elizabeth A. Hasson (Relation, if any: sister) (Address) 24 Fairview St, Win. | 22 NAME OF FUNERAL DIRECTOR John C. Kelly; ADDRESS 11 Meridian St, E. B. |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G Baker (Signature of Agent of Board of Health or other); H. O. (Official Designation); Oct. 18/46. (Date of Issue of Permit) | Received and filed OCT 18 1946 19 (Registrar) |

Duration / IMPORTANT / IMPORTANT Physician: Underline the cause to which death should be charged statistically

extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-302

SUFFOLK
BOSTON

1 PLACE OF DEATH (County)

(City or Town)

No. FAULKNER HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 8921 199

2 FULL NAME EVELYN M DONOVAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) NO

(a) Residence. No. 122 MAIN ST St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: FEMALE / 4 COLOR OR RACE: WHITE / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): MARRIED | 18 DATE OF DEATH OCT 17/46 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of ........ (Give maiden name of wife in full) (or) WIFE of JOHN H DONOGAN (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from 10/17/46, 19 ..., to 10/17/46, 19 ... I last saw hER alive on 10/17/46, 19 ..., death is said to have occurred on the date stated above, at 10:15 P m. |
| 6 Age of husband or wife if alive 44 years | Immediate cause of death ........ |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 40 Years 4 Months 28 Days / If less than 1 day ... Hours ... Minutes | Due to ? MYOCARDIAL INFARCT — Duration: 2 WKS |
| 9 Usual Occupation: HOUSEWIFE | |
| 10 Industry or Business: AT HOME | Due to CHRONIC RHEUMATIC HEART DIS — Duration: 25 YRS |
| 11 Social Security No. | Other conditions (Include pregnancy within 3 months of death) |
| 12 BIRTHPLACE (City) (State or country) E BOSTON MASS. | Physician: Underline the cause to which death should be charged statistically. |
| PARENTS 13 NAME OF FATHER: JOE BAUM | Major findings: Of operations ........ Date of ........ |
| 14 BIRTHPLACE OF FATHER (City) (State or country): ENGLAND | Of autopsy ........ What test confirmed diagnosis? ........ |
| 15 MAIDEN NAME OF MOTHER: JULIA B HENRICKSON | 20 Was disease or injury in any way related to occupation of deceased? ........ If so, specify ........ |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): GLOUCESTER | (Signed) D W DREW, M. D. (Address) ........ Date 10/17/19 46 |
| 17 Informant HUSBAND (Address) (Relation, if any) | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: WINTHROP (Cemetery) WINTHROP (City or Town). DATE OF BURIAL OCT 21/46 19 |
| A TRUE COPY. ATTEST: Michael J. Manning (Registrar of city or town where death occurred) | 22 NAME OF FUNERAL DIRECTOR R C KIRBY; ADDRESS BOSTON |
| DATE FILED OCT 21/46 19 | Received and filed OCT 26 1946 19 ... (Registrar of City or Town where deceased resided) |

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

001 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 200

1 PLACE OF DEATH
Suffolk. (County)
Winthrop. (City or Town)
No. 24 Underhill Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Higginbotham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 24 Underhill Street St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community yrs. 3 mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: male — 4 COLOR OR RACE: white — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married | 18 DATE OF DEATH: October 18, 1946. (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maxine MacGreggor (Give maiden name of wife in full) (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1946, to Oct 18, 1946 |
| 6 Age of husband or wife if alive 45 years | I last saw him alive on Oct 17, 1946 death is said to have occurred on the date stated above, at 3:00 P.M. m. |
| 7 IF STILLBORN, enter that fact here. | Immediate cause of death: PRIMARY CARCINOMA of lung |
| 8 AGE 54 Years ... Months ... Days — If less than 1 day ... Hours ... Minutes | Due to |
| 9 Usual Occupation: Field estimate man | Due to |
| 10 Industry or Business: water pump company | Other conditions (Include pregnancy within 3 months of death) |
| 11 Social Security No. 011-03-3597 | Major findings: Of operations CARCINOMA OF LUNG |
| 12 BIRTHPLACE (City) Revere (State or country) Mass | Date of |
| PARENTS — 13 NAME OF FATHER James Higginbotham | Of autopsy |
| 14 BIRTHPLACE OF FATHER (City) (State or country) England | What test confirmed diagnosis? |
| 15 MAIDEN NAME OF MOTHER Mary Ann Kirkham | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) England | (Signed) H. B. Greenfield M. D. (Address) 477 Shirley St, Winthrop Date 10-19 1946 |
| 17 Informant Walter Higginbotham Relation, if any son (Address) 25 Broadway, Malden Mass | 21 Woodlawn Cemetery, Everett — Place of Burial, Cremation or Removal. (City or Town) — DATE OF BURIAL Oct 21, 1946. 19 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G Baker (Signature of Agent of Board of Health or other) HO agt (Official Designation) Oct. 19/1946 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR M. A. COWAN & SON — ADDRESS 339 Pleasant St, Malden Mass |
| | Received and filed OCT 22 1946 19 (Registrar) |

Duration — IMPORTANT — IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and helief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has heen engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it aud transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can he obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the hody lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practicc:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is ahsent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposahly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-301 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 201

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 15 Francis St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John L. Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Francis St. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) — (Specify whether) years months days. In this community 32 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) | Ethel Z. Boyle |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | 58 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 65 Years, Months, Days; If less than 1 day: Hours, Minutes |
| 9 Usual Occupation: | Postal Clerk |
| 10 Industry or Business: | U. S. Postal Service |
| 11 Social Security No. | |
| 12 BIRTHPLACE (City) (State or Country) | Boston Massachusetts |
| PARENTS: 13 NAME OF FATHER | John Kelly |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Ireland |
| 15 MAIDEN NAME OF MOTHER | Hannah Neehan |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Ireland |
| 17 Informant (Address) | Ethel Z. Kelly (Relation if any: Wife), 15 Francis St Winthrop |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) Oct. 19/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH | October 18 1946. (Month) (Day) (Year) |

19 I HEREBY CERTIFY, That I attended deceased from May 1, 1946, to Oct 18, 1946

I last saw him alive on Oct 18, 1946, death is said to have occurred on the date stated above, at 9 A m.

Immediate cause of death: Coronary Thrombosis — Duration IMPORTANT: 1 year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none — Date of

Of autopsy none

What test confirmed diagnosis? none

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Wm. F. Collins, M. D.

(Address) Revere Mass Date Oct 18 1946

21 Place of Burial, Cremation or Removal. Winthrop Winthrop (City or Town)

DATE OF BURIAL October 21 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Maley

ADDRESS Winthrop Mass

Received and Filed OCT 22 1946 19

(Registrar)

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-301 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 202

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 105 Putnam St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis J. Downs
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 105 Putnam St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) — (Specify whether) years months days. In this community yrs. 2 mos. ~~18~~ 17 days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Single |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE Years / Months / Days; If less than 1 day Hours / Minutes | 2 Years 17 Days |
| 9 Usual Occupation: | ------ |
| 10 Industry or Business: | ------- |
| 11 Social Security No. | ------- |
| 12 BIRTHPLACE (City) (State or Country) | Boston, Massachusetts |
| PARENTS — 13 NAME OF FATHER | Francis J. Downs |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Boston, Massachusetts |
| 15 MAIDEN NAME OF MOTHER | Agnes LaFreniere |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Cambridge, Massachusetts |

17 Informant Francis J. Downs (Relation if any: Father)
(Address) 105 Putnam St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G Baker
(Signature of Agent of Board of Health or other)

HB [illegible] Oct. 21/46 —
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 19 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 , death is said to have occurred on the date stated above, at 9.45 A m.

Immediate cause of death: Inhalation of vomitus

Due to [illegible] asphyxiation

Due to M. E. waived jurisdiction

Other conditions (Include pregnancy within 3 months of death) Medical Examiner waived jurisdiction

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration

IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] , M. D.

(Address) [illegible] Date 10/20 1946

21 Place of Burial, Cremation or Removal. Winthrop Winthrop (City or Town)

DATE OF BURIAL October 21, 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass.

Received and Filed OCT 22 1946 19

(Registrar)

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______________________________

R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 203

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Reese
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 28 Jefferson St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years 7 months 8 days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | George W. Reese |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 80 Years ... Months ... Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Unable to work |
| 10 Industry or Business: | |
| 11 Social Security No. | none |
| 12 BIRTHPLACE (City) (State or country) | East Boston |
| PARENTS 13 NAME OF FATHER | Edward Roulette |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Unknown |
| 15 MAIDEN NAME OF MOTHER | Unknown |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Unknown |
| 17 Informant (Address) | M.K. McPhillips, DSH (Relation, if any ) |

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH (Month) (Day) (Year) | October 20, 1946 |
| 19 I HEREBY CERTIFY, That I attended deceased from | March 12, 1946, to October 20, 1946 |
| I last saw her alive on | October 20, 1946, death is said to have occurred on the date stated above, at 7:45 a.m. |
| Immediate cause of death | Arteriosclerotic heart disease — Duration: 2 yrs |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ... Date of ... | |
| Of autopsy | |
| What test confirmed diagnosis? | Clinical |
| 20 Was disease or injury in any way related to occupation of deceased? If so, specify | |
| (Signed) | Peter B. Hagopian, M. D. |
| (Address) | DSH — Date 10/25/1946 |
| 21 PLACE OF BURIAL, CREMATION OR REMOVAL | Winthrop (Cemetery), Winthrop (City or Town) |
| DATE OF BURIAL | October 23, 1946 |
| 22 NAME OF FUNERAL DIRECTOR | Howard S. Reynolds |
| ADDRESS | Winthrop |

Physician: Underline the cause to which death should be charged statistically.

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED October 30, 1946

Received and filed NOV 9 1946
(Registrar of City or Town where deceased resided)

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

1 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 204

1 PLACE OF DEATH
Suffolk (County) Boston Notified 11/24/46
Winthrop (City or Town)
No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emmanuela Telesforo (Telesforo)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 309 Saratoga St St. E. Boston, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital (Specify whether) years months 6 days. In this community 45 yrs. mos. days.
(Before death)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | Giuseppi Telesforo |
| 6 Age of husband or wife if alive | 68 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 78 Years Months Days — If less than 1 day: Hours Minutes |
| 9 Usual Occupation: | Housework |
| 10 Industry or Business: | Own Home |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or country) | Italy |
| 13 NAME OF FATHER | Domenic Di Prusio |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Italy |
| 15 MAIDEN NAME OF MOTHER | Elizabeth (Not Known) |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Italy |
| 17 Informant (Address) | Giuseppi Telesforo, 309 Saratoga St E Boston — Relation, if any: Husband |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/23/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | | |
|---|---|---|
| 18 DATE OF DEATH | Oct (Month) 22 (Day) 1946 (Year) | |

19 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1946 to Oct 22, 1946
I last saw her alive on Oct 21, 1946 death is said to have occurred on the date stated above, at 12:30 A.m.

| Cause | Duration |
|---|---|
| Immediate cause of death: Cerebral hemorrhage | 6 days |
| Due to Diabetes mellitus | 10 years |
| Due to Acidosis (acidosis) (non diabetic) | 1 day |
| Uremia | 5 days |
| Other conditions Chronic arthritis (include pregnancy within 3 months of death) | 7 years |

IMPORTANT — Physician Underline the cause to which death should be charged statistically. IMPORTANT

Major findings:
Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D D Potito M. D.
(Address) 7 Central Sq. E B Date 10/22 1946

21 St Michaels Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Oct 24 1946

22 NAME OF FUNERAL DIRECTOR Frederick J Magrath
ADDRESS East Boston

Received and filed OCT 24 1946 19
(Registrar)

100m(1)-1-44-13654

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

1 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 205

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby Girl) Harrington
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ..........

(a) Residence. No. 22A Faun Bar Ave. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Stbn. (Specify whether) years — months days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE — Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS
13 NAME OF FATHER William Harrington
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.
15 MAIDEN NAME OF MOTHER Marion Hall
16 BIRTHPLACE OF MOTHER (City) ~~Revere~~ Chelsea (State or country) Mass.

17 Informant William Harrington (Relation, if any) Father
(Address) 22A Faun Bar Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer — 10/24/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 23 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1946, to Oct 23, 1946
I last saw h ~~alive on~~ Stillborn ....., 19....., death is said to have occurred on the date stated above, at 5.57 P m.

Immediate cause of death ~~Umbilical~~ Knotted umbilical cord
Due to ~~cord~~ (Stillborn)
Due to ..........

Duration

IMPORTANT

Other conditions — (Include pregnancy within 3 months of death)

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings: Of operations — Date of —
Of autopsy —
What test confirmed diagnosis? Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ..........
(Signed) Daniel J. O'Brien M. D.
(Address) Winthrop Date Oct 24 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct. 24 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed NOV 7 1946 19.....
(Registrar)

per hosp. 11/8/46

100m(1)-1-44-13634

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it aud transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violenee. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 206

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 69 Johnson Ave Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ann Coleman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 69 Johnson Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ............ years months days. In this community 50 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female / 4 COLOR OR RACE: White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single | 18 DATE OF DEATH: Oct (Month) 27 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of ............ (Give maiden name of wife in full) (or) WIFE of ............ (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1946, to Oct 27, 1946 last saw her alive on Oct 26, 1946 death is said to have occurred on the date stated above, at 9 A m. |
| 6 Age of husband or wife if alive ............ years | Immediate cause of death: Hypostatic pneumonia — Duration: 2 days |
| 7 IF STILLBORN, enter that fact here. | Due to: arterio sclerosis — 1 |
| 8 AGE 85 Years Months Days / If less than 1 day Hours Minutes | Due to: |
| 9 Usual Occupation: at home | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: — | Major findings: Of operations ............ Date of ............ |
| 11 Social Security No. none | Of autopsy ............ |
| 12 BIRTHPLACE (City) (State or country): Amherst Mass | What test confirmed diagnosis? ............ |
| PARENTS 13 NAME OF FATHER: Matthew Coleman | |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Ireland | 20 Was disease or injury in any way related to occupation of deceased? If so, specify ............ |
| 15 MAIDEN NAME OF MOTHER: Ann Gleason | (Signed) [illegible] M. D. (Address) [illegible] Date 10-29, 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland | 21 St Bridget Amherst — Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Oct 30 1946 |
| 17 Informant (Address): Margaret Coleman (Relation, if any: sister) | 22 NAME OF FUNERAL DIRECTOR: Kirby Bros. ADDRESS: Winthrop, Mass |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter A. Barry M.D. (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 10/29/46 (Date of Issue of Permit) | Received and filed NOV 7 1946 19 ...... (Registrar) |

IMPORTANT
IMPORTANT Physician — Underline the cause to which death should be charged statistically

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (R)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 207

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town) Boston notified 11/12/46
No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby) Carino (Girl)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ....

(a) Residence. No. 55 Chaucer St. East Boston Mass (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution None — years — months — days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: Oct (Month) 30 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of .... (Give maiden name of wife in full) (or) WIFE of .... (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19.... I last saw h.... alive on ...., 19...., death is said to have occurred on the date stated above, at 2:35 A.m. |
| 6 Age of husband or wife if alive .... years | Immediate cause of death: Stillborn - 7th month premature (Duration) |
| 7 IF STILLBORN, enter that fact here. Stillborn | Due to .... |
| 8 AGE .... Years .... Months .... Days; If less than 1 day .... Hours .... Minutes | Other conditions .... (Include pregnancy within 3 months of death) |
| 9 Usual Occupation: — | Major findings: Of operations .... Date of .... |
| 10 Industry or Business: — | Of autopsy .... |
| 11 Social Security No. — | What test confirmed diagnosis? .... |
| 12 BIRTHPLACE (City) ~~Winthrop~~ (State or country) Mass | IMPORTANT Physician: Underline the cause to which death should be charged statistically. |
| 13 NAME OF FATHER Matthew Carino | 20 Was disease or injury in any way related to occupation of deceased? .... If so, specify .... |
| 14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass | (Signed) D. Potito M. D. |
| 15 MAIDEN NAME OF MOTHER Ann Marinelli | (Address) 7 Central Sq. E.B. Date 10/30 1946 |
| 16 BIRTHPLACE OF MOTHER (City) ~~Boston~~ Brooklyn (State or country) ~~Mass~~ N.Y. | 21 St. Michael Boston. Place of Burial, Cremation or Removal. (City or Town) |
| 17 Informant M. Carino Relation, if any (father) (Address) 55 Chaucer St. E Boston | DATE OF BURIAL Oct. 31 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 10/30/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Albert Scaramella ADDRESS 39 Orleans St. E Boston |
| | Received and filed NOV 7 1946 19.... (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

per hosp 11/15/46

100m (1)-1-44-13634

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

-301 A

1 PLACE OF DEATH

Suffolk (County) Boston Notified 11/2/46

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 208

2 FULL NAME Baby (boy) Sacco
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 143 Cottage St., East Boston St. → Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Winthrop
(State or Country) Mass.

PARENTS

13 NAME OF FATHER Anthony Sacco

14 BIRTHPLACE OF FATHER (City) Boston
(State or Country) Mass.

15 MAIDEN NAME OF MOTHER Olga Todisco

16 BIRTHPLACE OF MOTHER (City) Boston
(State or Country) Mass.

17 Informant Anthony Sacco (Relation if any Father)
(Address) 143 Cottage St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer 11/5/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 31, 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 , death is said to have occurred on the date stated above, at 6 38 p m.

Immediate cause of death

Due to Stillborn

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration

IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. Schaeffer M. D.
(Address) 193 ... Boston 11/1/46

21 St. Michael Cemetery Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Nov. 6-46 19

22 NAME OF FUNERAL DIRECTOR Saloy Rapino
ADDRESS 09 Chelsea St. East Boston

Received and Filed NOV 7 1946 19

(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Vataran, G. L. Chap. 46, Section 10, requires physicians to insert a racial ... that affect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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## SPACE FOR ADDITIONAL INFORMATION

R-302

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 9209

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass.General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J McCollom
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 441 Winthrop St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution ........ years months 4 days. In this community yrs. mos. 4 days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary C Cronin
(Give maiden name of wife in full)
(or) WIFE of ........
(Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years ...... Months ...... Days | If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: Postal Clerk

10 Industry or Business: U.S.Postal Service

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER: John McCollom

14 BIRTHPLACE OF FATHER (City) (State or country): Scotland

15 MAIDEN NAME OF MOTHER: Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country): Cannot be learned

17 Informant (Address): Wife (Relation, if any ........)

A TRUE COPY
ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED Oct.25 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 22/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1946 to Oct.22/46, 19
I last saw him alive on Oct.22 1946 death is said to have occurred on the date stated above, at 12;40PM m.

| | Duration |
|---|---|
| Immediate cause of death Hypertensive cardio vascular renal disease | 6 Yrs Plus |
| Due to | |
| Due to | |
| Other conditions Diabetes mellitus (Include pregnancy within 3 months of death) | 7 Yrs |

Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations None
Date of
Of autopsy as above
What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased? ........
If so, specify ........
(Signed) C L Clay M. D.
(Address) Mass.General Hosp. Date 10-23 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass
(Cemetery) (City or Town)
DATE OF BURIAL Oct.25/46 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop Mass.

Received and filed NOV 19 1946 19
(Registrar of City or Town where deceased resided)

Return a copy of this certificate to the Registrar of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

R-305

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
## COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 933 210

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J Ferguson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ........

(a) Residence. No. 29 Crystal Ave. ~~Cove~~ St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: M; 4 COLOR OR RACE: W; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: Oct/31/46 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of ........ (Give maiden name of wife in full) (or) WIFE of ........ (Husband's name in full) | 19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Broncho Pneumonia Alcoholism |
| 6 Age of husband or wife if alive ........ years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 66 Years ..... Months ..... Days; If less than 1 day ..... Hours ..... Minutes | 20 Accident, suicide, or homicide (specify) ........ Date of occurrence ........ 19.... |
| 9 Usual Occupation: Painter | Where did Injury occur? ........ (City or town and State) |
| 10 Industry or Business: Retired | Did injury occur in or about the home, on farm, in industrial place, or in public place? ........ (Specify type of place) |
| 11 Social Security No. None | Manner of Injury ........ |
| 12 BIRTHPLACE (City) (State or country) St John N.B. | Nature of Injury ........ |
| PARENTS 13 NAME OF FATHER: Andrew Ferguson | While at work? ........ Was there an autopsy? No |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Scotland | 21 Was disease or injury in any way related to occupation of deceased? ........ If so, specify ........ |
| 15 MAIDEN NAME OF MOTHER: Mary McKentrie | (Signed) Richard Ford M. D. (Address) 25 Shattuck St Date 10-31 19 46 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Scotland | 22 Woodlawn Crem-Everett Mass. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Nov. 2/46 19.... |
| 17 Informant (Address) Brother (Relation, if any) | 23 NAME OF FUNERAL DIRECTOR Kirby Bros. ADDRESS Winthrop Mass. |
| A TRUE COPY. ATTEST: [signature] (Registrar of city or town where death occurred) DATE FILED Nov. 5/46 19.... | Received and filed NOV 13 1946 19.... (Registrar of City or Town where deceased resided) |

of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 211

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby (Boy) Ciampa
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ..........

(a) Residence. No. 503 Pleasant St. ..........
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution [illegible] years — months — days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male / 4 COLOR OR RACE: White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: November (Month) 7 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full) (or) WIFE of .......... (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Nov 7/46, to Nov. 7/46. I last saw h.......... alive on.........., 19 ......, death is said to have occurred on the date stated above, at..........m. |
| 6 Age of husband or wife if alive — years | Immediate cause of death: Stillborn (7 mos) — Duration: IMPORTANT |
| 7 IF STILLBORN, enter that fact here. Stillborn | Due to: Fall down stairs — Nov 7/46 |
| 8 AGE — Years .......... Months .......... Days / If less than 1 day .......... Hours .......... Minutes | Due to .......... |
| 9 Usual Occupation: ✓ | Other conditions: none (Include pregnancy within 3 months of death) — IMPORTANT |
| 10 Industry or Business: — | Major findings: Of operations: none .......... Date of .......... |
| 11 Social Security No. — | Of autopsy: none |
| 12 BIRTHPLACE (City) (State or country): Winthrop, Mass. | What test confirmed diagnosis? .......... |
| PARENTS 13 NAME OF FATHER: George Ciampa | Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): East Boston, Mass. | 20 Was disease or injury in any way related to occupation of deceased? If so, specify: no |
| 15 MAIDEN NAME OF MOTHER: Josephine Gange | (Signed) [illegible] M.D. M.D. |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Italy | (Address) 562 [illegible] St. Date 11/12/46 |
| 17 Informant: George Ciampa Relation, if any: [illegible] (Address): 503 Pleasant Ave. Winthrop | 21 [illegible] Boston. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Nov. 13, 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter F. Baker, M.D. (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 11/12/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR: Michael J. [illegible] ADDRESS 978 Saratoga St. E. Boston. Received and filed .......... 19 .......... (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect. Extracts from the laws on back of certificate.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 212

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Adelaide Leonard
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 27 Crystal Cove Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months 4 days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | 18 DATE OF DEATH: November (Month) 7, (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of ........ (Give maiden name of wife in full) (or) WIFE of Charles Leonard (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from November 3, 1946, to November 7, 1946. I last saw her alive on November 7 1946, death is said to have occurred on the date stated above, at 3:15 p.m. |
| 6 Age of husband or wife if alive Unknown years | Immediate cause of death: Bronchopneumonia — Duration: 2 days |
| 7 IF STILLBORN, enter that fact here. | Due to .......... |
| 8 AGE 64 Years ..... Months ..... Days ..... If less than 1 day ..... Hours ..... Minutes | Due to .......... |
| 9 Usual Occupation: Housewife | Other conditions (Include pregnancy within 3 months of death) .......... |
| 10 Industry or Business: .......... | Major findings: Of operations .......... Date of .......... |
| 11 Social Security No. none | Of autopsy .......... |
| 12 BIRTHPLACE (City) Brooklyn (State or country) New York | What test confirmed diagnosis? Clinical |
| PARENTS — 13 NAME OF FATHER: Ferdinand Lehnert | Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Germany | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify .......... |
| 15 MAIDEN NAME OF MOTHER: Rebecca ---- | (Signed) Fracis X. Sullivan, M. D. (Address) DSH Date 11/8/1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Germany | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or Town). DATE OF BURIAL November 9, 1946 |
| 17 Informant M.K.McPhillips (Address) DSH (Relation, if any ..........) | 22 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds. ADDRESS Winthrop |
| A TRUE COPY. ATTEST: A Preston Chase (Registrar of city or town where death occurred) | Received and filed DEC 7 1946 |
| DATE FILED November 12 1946 | (Registrar of City or Town where deceased resided) |

50m-(b)-6-44-14607

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 9556 213

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nathan Levine (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 138 Highland St St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years 2 months 10 days. In this community yrs. 2 mos. 10 days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | M |
| 4 COLOR OR RACE | W |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) | Sarah Cooperstein |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | 42 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 42 Years ... Months ... Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Pharmacist |
| 10 Industry or Business: | |
| 11 Social Security No. | 022-22-8135 |
| 12 BIRTHPLACE (City) (State or country) | Russia |
| PARENTS — 13 NAME OF FATHER | Benjamin Levine |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Russia |
| 15 MAIDEN NAME OF MOTHER | Ida S ------ |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Russia |
| 17 Informant (Address) | Wife (Relation, if any) |

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH (Month) (Day) (Year) | Nov.9/46 |
| 19 I HEREBY CERTIFY, That I attended deceased from | August 31, 19 46, to Nov.9/46 19 |
| I last saw h-- alive on ---- 19 ..., death is said to have occurred on the date stated above, at | 1:30AM m. |
| Immediate cause of death | Malignant brain tumor — Duration: 2 Yrs |
| Due to | Broncho pneumonie — Duration: 14 Das. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | Partial removal of brain tumor — Date of 9-16-46 |
| Of autopsy | |
| What test confirmed diagnosis? | |
| 20 Was disease or injury in any way related to occupation of deceased? If so, specify | |
| (Signed) | M W O'Connell, M. D. |
| (Address) | Boston City Hospt — Date 11-9 19 46 |
| 21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or Town) | Tefereth Israel Everett Mass. |
| DATE OF BURIAL | Nov. 10/46 19 |
| 22 NAME OF FUNERAL DIRECTOR | B Birnbach |
| ADDRESS | Dorchester Mass. |
| Received and filed 19 (Registrar of City or Town where deceased resided) | NOV 19 1946 |

Physician Underline the cause to which death should be charged statistically.

A TRUE COPY. ATTEST: Michael F. Manning (Registrar of city or town where death occurred)

DATE FILED Nov/13/46 19

50m-(b)-6-44-14607

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 214

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Com Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wallace L Clark
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. ~~Cobumit Inn~~ 600 Shirley St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ......... — years 2 months — days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of ......
(Give maiden name of wife in full)
(or) WIFE of ......
(Husband's name in full)

6 Age of husband or wife if alive ...... years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years ...... Months ...... Days | If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: Confectionery Business

10 Industry or Business: —

11 Social Security No. ......

12 BIRTHPLACE (City) (State or country) Newark N.J.

PARENTS

13 NAME OF FATHER Francis Clark

14 BIRTHPLACE OF FATHER (City) (State or country) N.J.

15 MAIDEN NAME OF MOTHER Arabella King

16 BIRTHPLACE OF MOTHER (City) (State or country) N.J.

17 Informant (Address) Winthrop Lodge of Elks ( Relation, if any ...... )

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter R. [illegible]
(Signature of Agent of Board of Health or other)
Health [illegible] 11/12/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 10 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 1 -, 1946, to November 9 -, 1946
I last saw him alive on November 9, 1946, death is said to have occurred on the date stated above, at 1:35 a. m.

Immediate cause of death Coronary Thrombosis — Duration 1/2 hr

Due to ......

Due to ......

Other conditions Chronic Bronchitis & Asthma — years
(Include pregnancy within 3 months of death)

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations ......
...... Date of ......
Of autopsy ......
What test confirmed diagnosis? ......

20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify ......
(Signed) George J. [illegible] M. D.
(Address) 220 Washington Ave. Date 11-11- 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov 12 1946

22 NAME OF FUNERAL DIRECTOR Kirby Bros
ADDRESS 210 Winthrop St Winthrop

Received and filed NOV 12 1946 19......
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE ____________________

DATE OF DISCHARGE ____________________

RANK, RATING ____________________

ORGANIZATION AND OUTFIT ____________________

SERVICE NUMBER ____________________

301 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 215

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 47 Prospect Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lydia (Stone) Cook
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ..........

(a) Residence. No. 47 Prospect Ave. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution .......... years months days. (Before death) (Specify whether) In this community 25 yrs. mos. days.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles Cook (Husband's name in full)

6 Age of husband or wife if alive .......... years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years 8 Months 11 Days. If less than 1 day .......... Hours .......... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Petersham (State or country) Mass.

PARENTS

13 NAME OF FATHER John Stone

14 BIRTHPLACE OF FATHER (City) (State or country) Unable toobtain

15 MAIDEN NAME OF MOTHER Dorcas Perry

16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain

17 Informant Martha Ridley (Relation, if any) Daughter
(Address) 47 Prospect Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/12/46 (Date of Issue of Permit)

**MEDICAL CERTIFICATE OF DEATH**

18 DATE OF DEATH November 10, 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1945, to Nov 10, 1946
I last saw her alive on Nov 9, 1946, death is said to have occurred on the date stated above, at 4 A m.

| | Duration |
|---|---|
| Immediate cause of death: Acute Pulmonary Edema | 1 day |
| Due to: Chronic Myocarditis | 5 yrs |
| Due to: Chronic Nephritis | 5 yrs |

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .......... Date of ..........
Of autopsy ..........
What test confirmed diagnosis? ..........

IMPORTANT. Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) George H. Schwartz M. D.
(Address) 19 Prescott St Date 11/10 1946

21 Woodlawn Crematory, Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 12 1946

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed NOV 12 1946 19.......... (Registrar)

...extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

303-A

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 216

1 PLACE OF DEATH

Suffolk. (County)

Winthrop. (City or Town)

No. 16 Sunnyside av – Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Clifford Patchett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) Yes

(a) Residence. No. 16 Sunnyside Ave St. Spanish American War.

(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community yrs. mos. days.

(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | male |
| 4 COLOR OR RACE | white |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | married |
| 5a If married, widowed, or divorced, HUSBAND of (Give maiden name of wife in full) | Grace Shurtleff |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | 66 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 67 Years 1 Months 26 Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Retired Postal Clerk |
| 10 Industry or Business: | U.S.Post Office Dept. |
| 11 Social Security No. | 026-22-4551 |
| 12 BIRTHPLACE (City) (State or country) | Cambridge Mass |
| PARENTS: 13 NAME OF FATHER | Edward Patchett |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | York County England |
| 15 MAIDEN NAME OF MOTHER | Sarah Plummer |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | York County England |
| 17 Informant | Mrs S.C.Patchett (Relation if any Wife) |
| (Address) | 16 Sunnyside Ave, Winthrop. |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/12/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH | Nov (Month) 10 (Day) 1946 (Year) |

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary thrombosis

20 Accident, suicide, or homicide (specify) Sudden

Date of occurrence ... 19...

Where did Injury occur? ... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? ... (Specify type of place)

Manner of Injury ...

Nature of Injury ...

While at work? ... Was there an autopsy? ...

21 Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) A R Moritz, M. D.

(Address) 25 Shattuck St Date 11/10 1946

22 Mt Auburn Cemetery, Cambridge

Place of ~~Burial~~, Cremation or ~~Removal~~ (City or Town)

DATE OF BURIAL Nov. 13,1946 19

23 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and filed ... 19...

NOV 1 1946

(Registrar)

... extracts from the laws relative to the return of certificates of death ... If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m (g)-1-41-4667

### EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

### GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Cbap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained aa to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Lawa, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpcse of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whoae phyaician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to Injury. These include not only deaths caused directly or indirectly by traumatism (including resulting aepticemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from Injury or infection related to oocupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will atate the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of ita consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, apecify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* Ita known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION** (~~for unknown person~~) SERVICE RECORD.

Date of entering military service- July 16, 1898.

Date of discharge - April 20, 1899.

Rank, Rating- Private.

Organization and outfit- Battery M 2nd Reg of Arlington U.S. Army

**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 9640 247

1 PLACE OF DEATH
Suffolk
(County)
Boston
(City or Town)
No. U.S.Veteran's Adm.Hospt. V.F.W.Parkway West Roxbury St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas J Borges
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 1st

(a) Residence. No. 600 Shirley St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years 1 months 28 days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years ... Months 1 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Army of U.S.

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER: John Borges

14 BIRTHPLACE OF FATHER (City) (State or country): Portugal

15 MAIDEN NAME OF MOTHER: Phoebe Garcia

16 BIRTHPLACE OF MOTHER (City) (State or country): Portugal

17 Informant (Address): Mrs D Clavis Relation, if any: Friend

A TRUE COPY.
ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED Nov/14/46 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 11/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept/14, 19 46, to Nov/11/46 19
I last saw him alive on Nov/11/46 19 , death is said to have occurred on the date stated above, at 12;05PM m.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | 2 Mos. |
| Due to Nephrosis | |
| Due to | |

Other conditions: Multiple Myeloma
(Include pregnancy within 3 months of death) Broncho Pneumonia

Major findings: Of operations: None
Date of

Of autopsy: Nephrosis broncho pneumonia multiple myeloma

What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J J Poutas M. D.
(Address) Vet.Adm.West Rox. Date 11-11-- 46

21 PLACE OF BURIAL, CREMATION OR REMOVAL: St James Cem-Whitman Mass.
(Cemetery) (City or Town)
DATE OF BURIAL Nov/14/46 19

22 NAME OF FUNERAL DIRECTOR: L Lengelier
ADDRESS: Whitman Mass.

Received and filed NOV 19 1946 19
(Registrar of City or Town where deceased resided)

50m-(b)-6-44.14607

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

Entered Service Dec. 15,1917 Discharged April 24,1919 Private First Class
Quartermaster Corp

Service No. 1735962

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 218

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 47 Crystal Cove Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles F Leonard
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 47 Crystal Cove Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 16 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Margaret Lehnert
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Piano

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Cambridge Mass.

PARENTS

13 NAME OF FATHER Patrick G Leonard

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass.

15 MAIDEN NAME OF MOTHER Elizabeth Farrar

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass.

17 Informant George S Murray Cousin (Relation, if any)
(Address) 25 Sharon St Boston Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 11/13/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 11 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 27, 1946, to November 11, 1946
I last saw him alive on November 1, 1946 death is said to have occurred on the date stated above, at 8:45 A.m.

| | Duration |
|---|---|
| Immediate cause of death. Cerebral Hemorrhage | 11 hours |
| Due to Arteriosclerosis | 2 years |
| Due to Uremia | 4 days |
| Other conditions none (Include pregnancy within 3 months of death) | |

IMPORTANT

Physician Underline the cause to which death should be charged statistically.

Major findings:
Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? clinical & lab.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Shirley St Date 11/11/46

21 Winthrop Winthrop, Mass Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov 14 1946

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed NOV 14 1946 19
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION ______________________

DATE OF ENTERING MILITARY SERVICE ______________________

DATE OF DISCHARGE ______________________

RANK, RATING ______________________

ORGANIZATION AND OUTFIT ______________________

SERVICE NUMBER ______________________

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 219

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 164 Somerset Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis Kramer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 164 Somerset Ave. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months days. (Before death) (Specify whether) In this community 16 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | 18 DATE OF DEATH: Nov. (Month) 12 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Frieda Teischmeier (Give maiden name of wife in full) (or) WIFE of ........ (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1946, to Nov. 12, 1946, I last saw him alive on Nov 11, 1946, death is said to have occurred on the date stated above, at 5 A m. |
| 6 Age of husband or wife if alive 66 years | Immediate cause of death: Myocarditis · Duration |
| 7 IF STILLBORN, enter that fact here. | IMPORTANT |
| 8 AGE 83 Years 4 Months 3 Days · If less than 1 day ... Hours ... Minutes | Due to: Arteriosclerosis |
| 9 Usual Occupation: Backer (Retired) | |
| 10 Industry or Business: Backery | Due to |
| 11 Social Security No. None | |
| 12 BIRTHPLACE (City) (State or country) Germany | Other conditions (Include pregnancy within 3 months of death) · IMPORTANT |
| PARENTS · 13 NAME OF FATHER: Michael Kramer | Major findings: Of operations ........ Date of ........ · Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Germany | Of autopsy |
| 15 MAIDEN NAME OF MOTHER: Elizabeth Lepp | What test confirmed diagnosis? |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Germany | 20 Was disease or injury in any way related to occupation of deceased? If so, specify ........ (Signed) Charles F. McInerney M. D. (Address) 4 Washington Av. Date 11-13-1946 |
| 17 Informant: Frieda Kramer Wife (Relation, if any) (Address) 164 Somerset Ave. Winthrop | 21 Bellevue Lawrence · Place of Burial, Cremation or Removal. (City or Town) · DATE OF BURIAL Nov. 15 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter H. Barr (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 11/13/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds · ADDRESS: Winthrop Mass. · Received and filed NOV 14 1946 19.. (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a footnote to that effect.

100m(i)-1-44-13634

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return) BOSTON

Registered No. 9743220

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. THE BOSTON FLOATING HOSP St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME --- PREECE
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 60 CLIFF AVE St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 1 days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: MALE / 4 COLOR OR RACE: WHITE / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): SINGLE | 18 DATE OF DEATH: NOV 14/46 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from 11/13/46, 19, to 11/14/46, 19. I last saw him alive on NOV 14/46, 19, death is said to have occurred on the date stated above, at 6:52 P m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: CARDIO RESPIRATORY FAILURE |
| 7 IF STILLBORN, enter that fact here. | Due to INTRACRANIAL HEMORRHAGE |
| 8 AGE ... Years ... Months 1 Days. If less than 1 day 40 Hours ... Minutes | Due to PREMATURITY |
| 9 Usual Occupation: | Duration |
| 10 Industry or Business: | Other conditions (Include pregnancy within 3 months of death) |
| 11 Social Security No. | Major findings: Of operations ... Date of |
| 12 BIRTHPLACE (City) (State or country): BOSTON MASS. | Of autopsy: INTRACRANIAL HEMORRHAGE AND PREMATURITY. What test confirmed diagnosis? |
| PARENTS 13 NAME OF FATHER: NORMAN G PREECE | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 14 BIRTHPLACE OF FATHER (City) (State or country): WORCESTER MASS. | (Signed) M J FOLEY, M. D. |
| 15 MAIDEN NAME OF MOTHER: MILDRED PULLAN | (Address) BOSTON Date 11/14/46 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): WORCESTER | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPE (Cemetery) WORCESTER (City or Town). DATE OF BURIAL: NOV 18/46 |
| 17 Informant (Address): FATHER (Relation, if any) | 22 NAME OF FUNERAL DIRECTOR: A F JOHNSON. ADDRESS: WORCESTER |
| A TRUE COPY. ATTEST: [signature] NOV 19/46 (Registrar of city or town where death occurred) | Received and filed DEC 7 1946, 19 (Registrar of City or Town where deceased resided) |
| DATE FILED ... 19 | |

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

Division of Vital Statistics Commonwealth of Massachusetts

303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 221

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 42 Beach Rd ~~Winthrop~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian Bronstein (nee Istreicher)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) No

(a) Residence. No. 42 Beach Rd St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ——— years months days. In this community 9 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~ (write the word) Married

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Samuel Bronstein
(Husband's name in full)

6 Age of husband or wife if alive 43 years

7 IF STILLBORN, enter that fact here.

8 AGE 41 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Malden, Mass

PARENTS

13 NAME OF FATHER Jacob Istreicher

14 BIRTHPLACE OF FATHER (City) (State or country) Hungary

15 MAIDEN NAME OF MOTHER Dora Toubar

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Samuel Bronstein (Relation, if any ~~husband~~)
(Address) 42 Beach Rd, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer 11/16/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 15 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Carbon monoxide poisoning - suicide during temporary state of insanity

20 Accident, suicide, or homicide (specify) Suicide
Date of occurrence 11/15 19 46
Where did Injury occur? Winthrop
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? Home
(Specify type of place)
Manner of Injury Inhalation of illuminating gas
Nature of Injury Asphyxia
While at work? Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. N. Moist, M. D.
(Address) 25 Nantasket Date 11/15 1946

22 Tiferet Israel of Winthrop Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 17 1946

23 NAME OF FUNERAL DIRECTOR A. J. Ford
ADDRESS 15 Washington Ave, Chelsea

Received and filed 19
NOV 20 1946
(Registrar)

Extracts from the laws relative to the return of certificates of death.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43 12056

## EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
## GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)** ..........................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

**THIS CERTIFICATE CONSTITUTES SUCH PERMIT**

303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 222

1 PLACE OF DEATH
Suffolk (County) Boston notified 12/10/46
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E Cunningham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) No

(a) Residence. No. 81 St Andrew Rd - E.B. St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years 5 months 12 days. In this community 75 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Francis D Cunningham (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years — Months — Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER Lawrence D [illegible]

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Ann Mack

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Marie Shaw (Relation, if any) daughter
(Address) 81 St Andrew Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/19/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 17 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Fracture of rt femur
Thrombophlebitis, rt.
Pulmonary embolism.
(typed annotations: Fracture of rt femur; Thrombophlebitis rt; Pulmonary embolism)

20 Accident, suicide, or homicide (specify) Accident
Date of occurrence June 6 1946
Where did injury occur? East Boston (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? Home (Specify type of place)
Manner of Injury Fell out of bed
Nature of Injury See above
While at work? ... Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) A R Moritz M. D.
(Address) 25 Shattuck Date 11/19 1946

22 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov 20 1946

23 NAME OF FUNERAL DIRECTOR Charles G. Treanor
ADDRESS East Boston

Received and filed NOV 20 1946 19
(Registrar)

...extracts from the laws relative to the return of ... requires physicians to insert a recital to that effect.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ... —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)** ..........................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

301 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 223

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 104 Highland Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Harriet H McNeill
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 104 Highland Ave. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — (Before death) (Specify whether) years months days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George McNeill (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years 2 Months 26 Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Pembroke (State or country) Novia Scotia

PARENTS

13 NAME OF FATHER Robert Hazel

14 BIRTHPLACE OF FATHER (City) ... (State or country) Novia Scotia

15 MAIDEN NAME OF MOTHER Martha Rolfe

16 BIRTHPLACE OF MOTHER (City) ... (State or country) Novia Scotia

17 Informant Charles McNeill Son (Relation, if any)
(Address) Kingston N H

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Bailey (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/21/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 19 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1946, to Nov. 19, 1946
I last saw her alive on Nov 19, 1946 death is said to have occurred on the date stated above, at 6.30 p. m.

Immediate cause of death: Generalized arterial sclerosis — Duration 12 yrs.
Due to ...
Due to ...
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none. Date of ...
Of autopsy none
What test confirmed diagnosis? clinical

IMPORTANT
IMPORTANT
Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) [illegible signature], M. D.
(Address) Winthrop Mass Date 11-21-1946

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 22 1946

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed NOV 26 1946 (Registrar)

100m-(g)-1-45-15510

### EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
### GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 224

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Costonis
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 75 Shirley St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) 5 years 7 months 3 days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Separated | 18 DATE OF DEATH: November 20, (Month) (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Sylvia Bonoccoso (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from April 17, 1941, to November 20 1946. I last saw him alive on November 20, 1946 death is said to have occurred on the date stated above, at 6:10 a.m. |
| 6 Age of husband or wife if alive years | Immediate cause of death: Lobar pneumonia — Duration: 2-3days |
| 7 IF STILLBORN, enter that fact here. | Due to |
| 8 AGE 48 Years Months Days; If less than 1 day Hours Minutes | Due to |
| 9 Usual Occupation: Junk dealer | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: | Physician: Underline the cause to which death should be charged statistically. |
| 11 Social Security No. Unknown | Major findings: Of operations; Date of |
| 12 BIRTHPLACE (City) (State or country) Albania | Of autopsy |
| PARENTS 13 NAME OF FATHER Charles Costonis | What test confirmed diagnosis? Clinical |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Albania | 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| 15 MAIDEN NAME OF MOTHER Anna Vito | (Signed) Pasquale Buenicento, M. D. (Address) DSH Date 11/22 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) Albania | 21 PLACE OF BURIAL, CREMATION OR REMOVAL Holten (Cemetery) Danvers (City or Town); DATE OF BURIAL November 21 1946 |
| 17 Informant M. K. McPhillips (Relation, if any) (Address) DSH | 22 NAME OF FUNERAL DIRECTOR Clarence R. Lyons; ADDRESS Danvers |
| A TRUE COPY, ATTEST: [signature] (Registrar of city or town where death occurred); DATE FILED November 25, 1946 | Received and filed DEC 7 1946 (Registrar of City or Town where deceased resided) |

50m-(b)-6-44-14607

301 A

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 225

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Ambulance en route Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Adamson (nee Savary) (If deceased is a married, widowed or divorced woman, give also maiden name)

Was deceased a U. S. War Veteran, if so specify WAR —

PHYSICIAN-IMPORTANT

(a) Residence. No. 472 Winthrop St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 4 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Fem. / 4 COLOR OR RACE: W / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: Nov 28, 1946 (Month) (Day) (Year) |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William Adamson (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Nov 28 1946 to —, 19 ; I last saw h er a — Nov 28, 19 , death is said to have occurred on the date stated above at 11 30 p.m. |
| 6 Age of husband or wife if alive years | Immediate cause of death: cardiac failure. — Duration |
| 7 IF STILLBORN, enter that fact here. | IMPORTANT |
| 8 AGE 54 Years Months Days; If less than 1 day Hours Minutes | |
| 9 Usual Occupation: house wife | Due to |
| 10 Industry or Business: at home | Due to |
| 11 Social Security No. none | |
| 12 BIRTHPLACE (City) (State or Country): Boston Mass. | Other conditions (Include pregnancy within 3 months of death) |
| 13 NAME OF FATHER: William Savary | IMPORTANT — Physician: Underline the cause to which death should be charged statistically. Major findings: Of operations |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Boston, Mass. | Date of; Of autopsy |
| 15 MAIDEN NAME OF MOTHER: Annie Savary | What test confirmed diagnosis? |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Boston | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify. (Signed) Edward J. Orr, M. D. (Address) 148 Winthrop St. Date 11/28 1946 |
| 17 Informant James - son (Relation, if any) (Address) 472 Winthrop St Winthrop | 21 Holy Cross Malden. Place of Burial, Cremation or Removal. (City or Town). DATE OF BURIAL Dec 2 1946 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G. Balley (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 11/29/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR: Murray & Murray; ADDRESS: Revere Mass. |
| | Received and Filed NOV 29 1946, 19 (Registrar) |

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physician to insert a recital to that effect.

Corrected 12/4/46 — Widowed

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION ______

-301 A

# The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 226

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Comunity Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry A Dondero
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 41 Upland Road St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) 10 min. years months days. In this community 20 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) | Theresa Meagher |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 62 Years ... Months ... Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | Tailor |
| 10 Industry or Business: | Mfg. |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or Country) | Italy |
| PARENTS 13 NAME OF FATHER | Charles A. Dondero |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Italy |
| 15 MAIDEN NAME OF MOTHER | Mary Dondero (okay) |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Italy |
| 17 Informant (Address) | Anthony Dondero (Relation, if any) Brother — 41 Upland Rd. Winthrop |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/29/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 28 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1946, to Nov. 28, 1946
I last saw h— alive on Nov. 28, 1946 death is said to have occurred on the date stated above, at 11.45 P.m.

| | | Duration |
|---|---|---|
| Immediate cause of death | Acute dilatation heart | 1 hour |
| Due to | Cardiac Asthma | ? hours |
| Due to | Hypertension (Chr. ? myocardial degeneration) | |
| Other conditions (Include pregnancy within 3 months of death) | | |

IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings: Of operations ... Date of ... Of autopsy ...
What test confirmed diagnosis? ...

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. [illegible], M. D.
(Address) 4 Washington Pk. Date 11/29 1946

21 Holy Cross Malden (City or Town) Place of Burial, Cremation or Removal.
DATE OF BURIAL Dec. 2, 1946

22 NAME OF FUNERAL DIRECTOR Michael Basile
ADDRESS 10 No. Bennett St., Boston

Received and Filed NOV 29 1946 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

per hosp

00m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
# COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Framingham
(City or town making return)

Registered No. 227

1 PLACE OF DEATH
Middlesex (County)
Framingham (City or Town)
No. General Motors Assembly Plant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Lanza
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ......

(a) Residence. No. 45 Enfield Rd. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ...... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married | 18 DATE OF DEATH: November 15, 1946 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of: Concetta Perella (Give maiden name of wife in full)<br>(or) WIFE of ...... (Husband's name in full) | 19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)<br>Coronary Occlusion<br>Sudden death |
| 6 Age of husband or wife if alive 69 years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE 71 Years ...... Months ...... Days \| If less than 1 day ...... Hours ...... Minutes | 20 Accident, suicide, or homicide (specify) ...... |
| 9 Usual Occupation: Engineer | Date of occurrence ...... 19 ...... |
| 10 Industry or Business: ...... | Where did injury occur? ...... (City or town and State) |
| 11 Social Security No. 023-18-2283 | Did injury occur in or about the home, on farm, in industrial place, or in public place? ...... (Specify type of place) |
| 12 BIRTHPLACE (City) (State or country) Italy | Manner of injury ...... |
| PARENTS<br>13 NAME OF FATHER: Gaetano Lanza | Nature of injury ...... |
| 14 BIRTHPLACE OF FATHER (City) ...... (State or country) Italy | While at work? ...... Was there an autopsy? view |
| 15 MAIDEN NAME OF MOTHER: Unknown | 21 Was disease or injury in any way related to occupation of deceased? no<br>If so, specify ......<br>(Signed) Michael F. Burke, M. D.<br>(Address) Natick, Mass. Date 11/15 1946 |
| 16 BIRTHPLACE OF MOTHER (City) ...... (State or country) Italy | 22 Winthrop Cemetery, Winthrop, Mass.<br>Place of Burial, Cremation or Removal. (City or Town)<br>DATE OF BURIAL November 18, 1946 |
| 17 Informant: Albert Lanza (Relation, if any: son)<br>(Address) Winthrop, Mass. | 23 NAME OF FUNERAL DIRECTOR Jos. A. Langone, Jr.<br>ADDRESS 41 Haverhill St., Boston |
| A TRUE COPY.<br>ATTEST: [signature] Walsh<br>(Registrar of city or town where death occurred)<br>DATE FILED November 20, 1946 | Received and filed DEC 5 1946 19 ......<br>(Registrar of City or Town where deceased resided) |

...of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (b)-1-41-4667

RECEIVED
OFFICE OF TOWN CLERK
DEC - 6 1935 AM

-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

Chelsea (City or town making return)

Registered No. 228

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. Soldiers' Home Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel C. Dobson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) WW I

(a) Residence. No. 2 Edgar Terr. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 5 days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years 4 Months 17 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Switch attendant

10 Industry or Business: Railroad

11 Social Security No. unknown

12 BIRTHPLACE (City) (State or country) Nova Scotia

PARENTS

13 NAME OF FATHER: Samuel A. Dobson

14 BIRTHPLACE OF FATHER (City) (State or country): Nova Scotia

15 MAIDEN NAME OF MOTHER: Etta E. Smith

16 BIRTHPLACE OF MOTHER (City) (State or country): Nova Scotia

17 Informant (Address): Hosp. records (Relation, if any )

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 19, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1946, to Nov. 19, 1946
I last saw him alive on Nov. 19, 1946, death is said to have occurred on the date stated above, at 9.55 A.m.

| Immediate cause of death | Duration |
|---|---|
| Cardiac Failure | ? |
| Due to Arteriosclerotic Heart Dis. | ? |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) auricular fibrillation | ? |

Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) James F. Collins, M. D.
(Address) Sold. Home Date 11/19 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem., Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL Nov. 22, 1946

22 NAME OF FUNERAL DIRECTOR ADDRESS John F. O'Maley 73 Atlantic St., Winthrop, Mas

A TRUE COPY.
ATTEST: Joseph A. Tyrrell
(Registrar of city or town where death occurred)

DATE FILED Nov. 19, 1946

Received and filed DEC 1 9 1946 19

30m-(b)-6-44-14607

| | |
|---|---|
| Enlisted | 4/29/18 |
| Dischgd. | 6/13/19 |
| Rank | Sgt.Major,Hq.443rd Reserve Labor Bn. |

Service No. ASN -2,719,778

R-302

# The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

## COPY OF CERTIFICATE OF DEATH

Arlington (City or town making return)

Registered No. 479229

1 PLACE OF DEATH
Middlesex (County)
Arlington (City or Town)
No. Ring Sanatorium and Hospital 163 Hillside Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mabelle G. Balkam (Simpson) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 217 Pleasant Street St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) 3 years 5 months 24 days. In this community 3 yrs. 5 mos. 24 days.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Vincent J. Balkam (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 0 Months 20 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Eastport (State or country) Maine

PARENTS

13 NAME OF FATHER James Simpson

14 BIRTHPLACE OF FATHER (City) Campobello (State or country) N.B., Canada

15 MAIDEN NAME OF MOTHER Gertrude Appelby

16 BIRTHPLACE OF MOTHER (City) -- (State or country) Canada

17 Informant Ring Sanatorium & Hospital Relation, if any ( )
(Address) 163 Hillside Ave., Arlington

A TRUE COPY.
ATTEST: Earl A. Ryder
(Registrar of city or town where death occurred)

DATE FILED December 7 1946

### MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 3 (Day), 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 9, 1943, to Dec 3, 1946
I last saw her alive on Dec. 3, 1946 death is said to have occurred on the date stated above, at 3:45 P. m.

| | Duration |
|---|---|
| Immediate cause of death Arteriosclerotic heart Disease | About 3 yrs. |
| Due to Generalized Arterio-sclerosis | About 3 yrs. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Senile Psychosis- Depressed and Agitated type | 3½ yrs. |

Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Martha Brunner M. D.
(Address) Ring Sanatorium & Hospital Date 12-3-1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn (Cemetery) -Cambridge (City or Town)
DATE OF BURIAL December 6 1946

22 NAME OF FUNERAL DIRECTOR A. Allen Kimball
ADDRESS 39 Church St., Winchester

Received and filed JAN 9 1947
(Registrar of City or Town where deceased resided)

50m-(b)-6-44-14607

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 230

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry C Temple
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 78 Center St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 19 days. In this community 25 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Lottie M Cooley (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 4 Months 25 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Pullman Conductor (Retired)

10 Industry or Business: Boston Albany Railroad

11 Social Security No. 704-10-5489

12 BIRTHPLACE (City) Bowdoinham (State or country) Maine

PARENTS

13 NAME OF FATHER Henry Temple

14 BIRTHPLACE OF FATHER (City) Bowdoinham (State or country) Maine

15 MAIDEN NAME OF MOTHER Louise Luker

16 BIRTHPLACE OF MOTHER (City) Bowdoinham (State or country) Maine

17 Informant Everlyn Mitchel (Relation if any Niece)
(Address) 56 Gardner St Allston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/9/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec (Month) 5 (Day) 46 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1946, to Dec 5, 1946
I last saw him alive on Dec 5, 1946, death is said to have occurred on the date stated above, at 11 45 P m.

Immediate cause of death: Carcinoma of Prostate — Duration: 3 yrs.
Due to: Carcinoma of small intestine — 5 mos.
Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Prostate Date of 1943.
Of autopsy
What test confirmed diagnosis? Biopsy

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Harvey A Kelly M. D.
(Address) 260 Pleasant St Date 10 Dec 1946

21 Hope Worcester
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 9 1946

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed DEC 10 1946 19 (Registrar)

Extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of he family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state he same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and he Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from he clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from he board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within he commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________________

DATE OF ENTERING MILITARY SERVICE ____________________

DATE OF DISCHARGE ____________________

RANK, RATING ____________________

ORGANIZATION AND OUTFIT ____________________

SERVICE NUMBER ____________________

-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

# COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

SPRINGFIELD
(City or town making return)

Registered No. 231

1 PLACE OF DEATH
HAMPDEN (County)
SPRINGFIELD (City or Town)
No. Mercy Hospital-Dead on arrival St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ambrose Fay
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Wilshire St St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) Dead on arrival years months days. In this community 1 yr yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary C Nestor
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 40 years

7 IF STILLBORN, enter that fact here.

8 AGE 46 Years – Months – Days. If less than 1 day Hours Minutes

9 Usual Occupation: Manager

10 Industry or Business: Brink's Inc-Bank Express

11 Social Security No. 023-01-6111

12 BIRTHPLACE (City) Blackstone
(State or country) Mass

PARENTS

13 NAME OF FATHER James H Fay

14 BIRTHPLACE OF FATHER (City) Milford
(State or country) Mass

15 MAIDEN NAME OF MOTHER Mary Ann Duggan

16 BIRTHPLACE OF MOTHER (City) Milford
(State or country) Mass

17 Informant Mary C Nestor Fay Relation, if any (Wife)
(Address) 19 Wilshire St Winthrop Mass

A TRUE COPY.
ATTEST: Clifford F Smith
(Registrar of city or town where death occurred)

DATE FILED Dec 9 1946 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec (Month) 6 (Day) 1946 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Coronary thrombosis

20 Accident, suicide, or homicide (specify)
Date of occurrence 19
Where did Injury occur? (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury
Nature of Injury
While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W A R Chapin M. D.
(Address) Spfld Date 12-6 1946

22 Winthrop Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec 9 1946

23 NAME OF FUNERAL DIRECTOR John F O'Maley
ADDRESS Winthrop Mass

Received and filed JAN 7 1947 19
(Registrar of City or Town where deceased resided)

of death should be transmitted on Form ... after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-'39. No. 8427-g

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 232

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 46 Washington Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah L Roberts
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ..........

(a) Residence. No. 55 Birch Rd. St. ..........
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Nursing Home (Specify whether) 1 years months 6 days. In this community 25 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widow |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) | |
| (or) WIFE of (Husband's name in full) | Charles H Roberts |
| 6 Age of husband or wife if alive | years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 71 Years 8 Months 14 Days; If less than 1 day ...... Hours ...... Minutes |
| 9 Usual Occupation: | Housewife |
| 10 Industry or Business: | At Home |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or country) | Chelsea, Mass. |
| PARENTS — 13 NAME OF FATHER | Charles D Addison |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | England |
| 15 MAIDEN NAME OF MOTHER | Alma Wheeler |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Unable To Obtain |
| 17 Informant (Address) | George Roberts, Cliff House ~~Cliff~~ Ave. Winthrop; Relation, if any: (Son) |

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 7, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 10, 1944, to Dec 7, 1946
I last saw her alive on Dec 7, 1946, death is said to have occurred on the date stated above, at 9.20 p m.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | Suddenly |
| Due to .......... | |
| Due to .......... | |
| Other conditions (Include pregnancy within 3 months of death) — | |
| Major findings: Of operations — Date of — | |
| Of autopsy — | |
| What test confirmed diagnosis? Clinical Signs | |

IMPORTANT — IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ..........
(Signed) Daniel J. O'Brien M. D.
(Address) Winthrop Date Dec 10 1946

21 Woodlawn, Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 10 1946

22 NAME OF FUNERAL DIRECTOR Edward S Reynolds
ADDRESS Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 12/10/46
(Official Designation) (Date of Issue of Permit)

Received and filed DEC 30 1946 19..
(Registrar)

...extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

### EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
### GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

---

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

---

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

01 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 233

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 14 Seymour St, St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Duffy ( Devine )
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ........

(a) Residence. No. 14 Seymour St. St. ........
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ........ (Give maiden name of wife in full)
(or) WIFE of Bartholemew Duffy (Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years ........ Months ........ Days | If less than 1 day ........ Hours ........ Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. —

12 BIRTHPLACE (City) Galway
(State or country) Ireland

PARENTS

13 NAME OF FATHER: Thomas Devine

14 BIRTHPLACE OF FATHER (City) Galway
(State or country) Ireland

15 MAIDEN NAME OF MOTHER: Helen Ward

16 BIRTHPLACE OF MOTHER (City) Galway
(State or country) Ireland

17 Informant Joseph Duffy (Relation, if any: Son)
(Address) 14 Seymour St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Bailey
(Signature of Agent of Board of Health or other)
Health Officer 12/9/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec (Month) 8, (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1946, to Dec 8, 1946
I last saw her alive on Dec 7, 1946, death is said to have occurred on the date stated above, at 1 A m.

Duration

Immediate cause of death: Myocarditis
Arterio sclerosis

IMPORTANT

Due to ........
Due to ........
Other conditions ........ (Include pregnancy within 3 months of death)

IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings:
Of operations ........ Date of ........
Of autopsy ........
What test confirmed diagnosis? ........

20 Was disease or injury in any way related to occupation of deceased? ........
If so, specify ........
(Signed) E. J. Mahoney M. D.
(Address) E. Washington St.? Date 12-9- 1946

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 11 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop Mass

Received and filed ........ 19 ........
DEC 1_ 1946
(Registrar)

## EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 234

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 30 Court Road. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harold Dustin Kilgore
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) Yes W. W. 1.

(a) Residence. No. 30 Court Road St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: male · 4 COLOR OR RACE: white · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married | 18 DATE OF DEATH: December (Month) 9 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Marion Bishop (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1937, to Nov. 27, 1946. I last saw him alive on Dec. 7, 1946, death is said to have occurred on the date stated above, at 2 A. m. |
| 6 Age of husband or wife if alive 50 years | Immediate cause of death Coronary Thrombosis |
| 7 IF STILLBORN, enter that fact here. | Due to Arteriosclerosis of several years duration |
| 8 AGE 50 Years 5 Months 3 Days. If less than 1 day Hours Minutes | Due to |
| 9 Usual Occupation Supt of Maintainence and distribution | Other conditions (include pregnancy within 3 months of death) |
| 10 Industry or Business: Met District Com, water div. | Major findings: Of operations Date of |
| 11 Social Security No. none | Of autopsy |
| 12 BIRTHPLACE (City) Gloucester (State or country) Mass | What test confirmed diagnosis? Usual tests - Cardiograph |
| PARENTS 13 NAME OF FATHER Charles Merrill Kilgore | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify |
| 14 BIRTHPLACE OF FATHER (City) Evansville (State or country) Wisconsin | (Signed) George W. Goode, D.O. M. D. |
| 15 MAIDEN NAME OF MOTHER Hattie Angeline Dustin | (Address) 687 Boylston St Boston, Mass Date Dec. 10 1946 |
| 16 BIRTHPLACE OF MOTHER (City) Lanesville (State or country) Mass | 21 Oak Grove Cemetery Gloucester. Place of Burial, Cremation or Removal. (City or Town) |
| 17 Informant Harold D. Kilgore, Jr. Relation if any Son (Address) 30 Court Road, Winthrop. | DATE OF BURIAL Dec. 11, 1946. 19 |
| I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter L. Baker (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12/11/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh. ADDRESS 174 Winthrop St, Winthrop |
| | Received and filed DEC 17 1946 19 (Registrar) |

Duration

IMPORTANT

IMPORTANT

Physician: Underline the cause to which death should be charged statistically.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE April 4,1918

DATE OF DISCHARGE Sept. 30,1921

RANK, RATING Machinist's Mate 2C ( Provisional )

ORGANIZATION AND OUTFIT United States Naval Reserve Class 2

SERVICE NUMBER 102-48-78

01 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 235

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 15 Maple Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harland Otis Pratt
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Maple Road St. (Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether)
In this community 35 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Myra Lewis (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 61 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 0 Months 29 Days. If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Retired Interior Decorater

10 Industry or Business: Own Business

11 Social Security No. ?

12 BIRTHPLACE (City) Fitchburg (State or country) Mass

PARENTS

13 NAME OF FATHER Clesson A. Pratt

14 BIRTHPLACE OF FATHER (City) Ashburnham (State or country) Mass

15 MAIDEN NAME OF MOTHER Jennie I. Brackett

16 BIRTHPLACE OF MOTHER (City) Portland (State or country) Maine

17 Informant Mrs. H.O. Pratt (Relation if any Wife)
(Address) 15 Maple Rd, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/13/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. (Month) 11 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1946, to Dec 11, 1946
I last saw h— alive on Dec 11, 1946 death is said to have occurred on the date stated above, at 11 30 p m.

Immediate cause of death: Coronary Thrombosis — Duration: 3 days
IMPORTANT
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
IMPORTANT
Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] Date [illegible] 1946

21 Forrest Hill — Fitchburg Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec 14, 1946

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and filed DEC 17 1946 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

R-302

BOSTON

(City or town making return)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

Registered No. 104 236

1 PLACE OF DEATH SUFFOLK (County)
BOSTON (City or Town)
No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis Radell
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 12 Emerson Rd St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp years months 2 days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Mabel Hudson Rich
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years ... Months ... Days ... If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Retired

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) Somerville
(State or country) Mass

PARENTS

13 NAME OF FATHER: Ellery Radell

14 BIRTHPLACE OF FATHER (City) (State or country): Alsace Lorraine

15 MAIDEN NAME OF MOTHER: Emma L Ebberlie

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Louis Marshall (Relation, if any: nephew)
(Address) 51 Thatcher St Hyde Park

A TRUE COPY.
ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED Dec 13 1946 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 11 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1946, to Dec 11, 1946
I last saw him alive on Dec 11, 1946, death is said to have occurred on the date stated above, at 9:30 A m.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of stomach | 1 yr |
| Due to Metastases to lymph nodes & kidneys | |
| Due to Obstructive jaundice | |
| Other conditions (Include pregnancy within 3 months of death) | |

Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations ... Date of ...
Of autopsy Above
What test confirmed diagnosis? Autopsy

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) N A Wilhelm, M. D.
(Address) 721 Huntington Av Date 12/11 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Orrington - Orrington Me
(Cemetery) (City or Town)
DATE OF BURIAL Dec 12 1946 19

22 NAME OF FUNERAL DIRECTOR Bennison Funeral Service
ADDRESS Winthrop Mass

Received and filed DEC 30 1946 19
(Registrar of City or Town where deceased resided)

50m-(b)-6-44-14607

R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

Cambridge (City or town making return)

Registered No. 1731 237

1 PLACE OF DEATH
Middlesex (County)
Cambridge (City or Town)
No. Holy Ghost Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edmund C. Grady (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) no

(a) Residence. No. 183 Lincoln St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital (Specify whether) 2 years 3 months 26 days. In this community yrs. mos. days.
(Before death)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male · 4 COLOR OR RACE: white · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married | 18 DATE OF DEATH: December (Month) 13, (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of Josephine L. O'Donnell (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from July 15, 1946, to Dec. 13, 1946. I last saw him alive on Dec. 13, 1946 death is said to have occurred on the date stated above, at 2:14 p. m. |
| 6 Age of husband or wife if alive 59 years | Immediate cause of death: Peritonitis (Duration) |
| 7 IF STILLBORN, enter that fact here. | Due to Ruptured diverticulitis left hemiplegia |
| 8 AGE 64 Years Months Days. If less than 1 day Hours Minutes | Due to |
| 9 Usual Occupation: Retired Court Officer | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: East Boston Dist. Ct. | Major findings: Of operations Date of |
| 11 Social Security No. none | Of autopsy |
| 12 BIRTHPLACE (City) East Boston, (State or country) Mass. | What test confirmed diagnosis? |
| PARENTS 13 NAME OF FATHER: Edmund T. Grady | Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) Burlington, (State or country) Vermont | 20 Was disease or injury in any way related to occupation of deceased? no If so, specify |
| 15 MAIDEN NAME OF MOTHER: Margaret E. Kerr | (Signed) F. J. Landrigan M. D. |
| 16 BIRTHPLACE OF MOTHER (City) Boston, (State or country) Mass. | (Address) Holy Ghost Hospital Date 12/13 1946 |
| 17 Informant Josephine L. Grady (Relation if any: wife) (Address) 47 Lincoln St. Winthrop | 21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) - Winthrop (City or Town). DATE OF BURIAL Dec. 16, 1946 |
| A TRUE COPY. ATTEST: Frederick H. Burke (Registrar of city or town where death occurred) | 22 NAME OF FUNERAL DIRECTOR John C. Kelly ADDRESS 11 Meridian St. East Boston |
| DATE FILED Dec. 14, 1946 | Received and filed JAN 9 1947 |

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

01 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 238

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 46 Washington Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth V. (Hopkins) Siefert
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ....

(a) Residence. No. 22 Adams St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community yrs. 3 mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles F. Siefert (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years .... Months .... Days. If less than 1 day .... Hours .... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Chelsea (State or country) Mass.

PARENTS

13 NAME OF FATHER: Cannot be learned

14 BIRTHPLACE OF FATHER (City) " " " (State or country)

15 MAIDEN NAME OF MOTHER: Cannot be learned

16 BIRTHPLACE OF MOTHER (City) " " " (State or country)

17 Informant Mrs Fred Siefert Relation, if any ( )
(Address) 22 Adams St. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Bailey [illegible]
(Signature of Agent of Board of Health or other)
Health Officer 12/16/46
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 13 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July, 1946, to December 13, 1946
I last saw her alive on December 13 1946, death is said to have occurred on the date stated above, at 7 28 P m.

| Cause | Duration |
|---|---|
| Immediate cause of death: Coronary thrombosis | 1 day |
| Due to: Generalized arteriosclerosis | 2 years |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): left hemiplegia | 4 mos |

IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings: Of operations .... Date of ....
Of autopsy ....
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) Paul E. [illegible] M. D.
(Address) 238 Shore Drive [illegible] Date 12/14 1946

21 Cambridge Cemetery Cambridge Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 16 1946

22 NAME OF FUNERAL DIRECTOR Edith M. Merwin
ADDRESS 305 Beach St., Revere Mass.

Received and filed DEC 17 1946 19....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**SPACE FOR ADDITIONAL INFORMATION** ....................................................................

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303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 239

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine J Snow (Corbett)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) ....

(a) Residence, No. 16 Woodside Park St. Winthrop Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital 1 years 3 months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Edward M. Snow (Husband's name in full)

6 Age of husband or wife if alive .... years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years ... Months ... Days ... If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. ....

12 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Thomas Corbett

14 BIRTHPLACE OF FATHER (City) .... (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Maher

16 BIRTHPLACE OF MOTHER (City) .... (State or country) Ireland

17 Informant Frank C. Gorman (Relation, if any: Atty)
(Address) 73 Tremont St., Boston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/16/46 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec – 14 – 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Arteriosclerotic Heart Disease
Senility
Recent Fracture Lt. Femur

20 Accident, suicide, or homicide (specify) accidental
Date of occurrence Sept – 20 – 1946
Where did injury occur? Winthrop (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? .... (Specify type of place)
Manner of injury: Fell to floor accidentally in
Nature of injury: her home on Sept-20-1946
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify ....
(Signed) Wm. J. Brickley M. D.
(Address) Boston Date Dec-14-1946

22 Forest Hills Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec 17 1946

23 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and filed DEC 17 1946 (Registrar)

extracts from the laws relative to the return of certificates of death.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)** ..........................................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301 A

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 240

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Frank Birkby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 153 Winthrop St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 5 days. In this community 35 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: female | 18 DATE OF DEATH: December (Month) 15 (Day) 1946 (Year) |
| 4 COLOR OR RACE: white | |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed | |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Edgar Watson Birkby (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Sept, 1946, to Dec 15, 1946; I last saw her alive on Dec 15, 1946; death is said to have occurred on the date stated above, at 3.15 P. m. |
| 6 Age of husband or wife if alive ... years | Immediate cause of death: Cardiac failure c̄ terminal pneumonia |
| 7 IF STILLBORN, enter that fact here. | Due to: Art sclerosis |
| 8 AGE 82 Years 1 Months 12 Days. If less than 1 day ... Hours ... Minutes | Due to: A[illegible] |
| 9 Usual Occupation: at home | Other conditions (Include pregnancy within 3 months of death) |
| 10 Industry or Business: — | Major findings: Of operations ... Date of ... |
| 11 Social Security No.: none | Of autopsy |
| 12 BIRTHPLACE (City) (State or Country): Baltimore, Maryland | What test confirmed diagnosis? |
| PARENTS 13 NAME OF FATHER: Thomas Bailey | 20 Was disease or injury in any way related to occupation of deceased? no. If so, specify |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Plymouth, England | (Signed) Edward J. Young, M. D. |
| 15 MAIDEN NAME OF MOTHER: Frances Shaffer | (Address) 148 Winthrop St. Date Dec 15 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Baltimore, Maryland | 21 Winthrop Cemetery (Place of Burial, Cremation or Removal.) Winthrop (City or Town) |
| 17 Informant Mrs. Adelaide Murch (Relation, if any: sister) (Address) 153 Winthrop St, Winthrop | DATE OF BURIAL December 17, 1946 |
| I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Walter G. Baker M.D. (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12/16/46 (Date of Issue of Permit) | 22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh. ADDRESS 174 Winthrop St, Winthrop |
| | Received and Filed DEC 17 1946 (Registrar) |

Duration — IMPORTANT

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
## COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 10655 341

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. 818 Harrison Av St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred A Knabe
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 57 Read St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ........ years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Florence F Keefe
(Give maiden name of wife in full)
(or) WIFE of ........
(Husband's name in full)

6 Age of husband or wife if alive 46 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: General Overseer

10 Industry or Business: Maverick Cotton Mills

11 Social Security No. 033-05-7982

12 BIRTHPLACE (City) Adams
(State or country) Mass

PARENTS

13 NAME OF FATHER: Ernst Knabe

14 BIRTHPLACE OF FATHER (City) ........
(State or country) Germany

15 MAIDEN NAME OF MOTHER: Ida Heffner

16 BIRTHPLACE OF MOTHER (City) ........
(State or country) Germany

17 Informant Mrs Florence F Knabe (Relation, if any: wife)
(Address) 57 Read St Winthrop Mass

A TRUE COPY.
ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED Dec 19 1946 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 16 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Coronary sclerosis. Treated therefor.
Terminal edema of lungs

20 Accident, suicide, or homicide (specify) ........
Date of occurrence ........ 19
Where did injury occur? ........
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? ........
(Specify type of place)
Manner of Injury ........
Nature of Injury ........
While at work? ........ Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? ........
If so, specify ........
(Signed) Timothy Leary, M. D.
(Address) ........ Date 12/17 19 46

22 Bellevue Adams Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec 19 1946 19

23 NAME OF FUNERAL DIRECTOR John C Kelly
ADDRESS East Boston Mass

Received and filed ........ 19
DEC 30 1946
(Registrar of City or Town where deceased resided)

of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

-301 A

1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 4 Atkinson Circle St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 242

2 FULL NAME Robert James Black
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) World I + II

(a) Residence. No. 4 Atkinson Circle St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. 5 mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | | |
|---|---|---|
| 3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | | |
| 6 Age of husband or wife if alive ... years | | |
| 7 IF STILLBORN, enter that fact here. | | |
| 8 AGE 50 Years Months Days | If less than 1 day Hours Minutes | |
| 9 Usual Occupation: Mining Engineer | | |
| 10 Industry or Business: Mining | | |
| 11 Social Security No. | | |
| 12 BIRTHPLACE (City) (State or Country): Boston, Massachusetts | | |
| PARENTS 13 NAME OF FATHER: Robert Black | | |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Boston, Massachusetts | | |
| 15 MAIDEN NAME OF MOTHER: Bessie Hellyer | | |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Boston, Massachusetts | | |

17 Informant (Address) Glades G Atkinson (Relation, if any: Sister)
4 Atkinson Circle Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Bailey (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/18/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 17 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 26, 1946, to December 17, 1946
I last saw him alive on December 16 1946, death is said to have occurred on the date stated above, at 4:05 A m.

Immediate cause of death: Cerebral Embolus — Duration: 15 minutes (IMPORTANT)
Due to: Peripheral Endarteritis — 6 mos.
Peripheral Endarteritis
Due to
Other conditions (Include pregnancy within 3 months of death): Amputated right leg — 4 mos
Major findings: Of operations: Gangrene right foot — Date of Aug. 1946
Of autopsy: none
What test confirmed diagnosis? Clinical + lab

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Shirley St Winthrop, Mass Date 12/17/ 1946

21 Holyhood — Brookline
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 19 1946

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and Filed DEC 30 1946 19 (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after e death of a person whom he has attended during his last illness, at the equest of an undertaker or other authorized person or of any member of e family of the deceased, furnish for registration a standard certificate f death, stating to the best of his knowledge and belief the name of the eceased, his supposed age, the disease of which he died, defined as re- uired by section one, where same was contracted, the duration of his last lness, when last seen alive by the physician or officer and the date of is death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the receding section or by section forty-five of chapter one hundred and four- een, shall, if the deceased, to the best of his knowledge and belief, served the army, navy or marine corps of the United States in any war in which has been engaged, insert in the certificate a recital to that effect, speci- ying the war, and shall also certify in such certificate both the primary nd the secondary or immediate cause of death as nearly as he can state e same. For neglect to comply with any provision of this section, such hysician or officer shall forfeit ten dollars. For the purposes of this sec- ion and of sections forty-five, forty-six and forty-seven of said chapter ne hundred and fourteen, the word "war" shall include the China relief xpedition and the Philippine insurrection, which shall, for said purposes, e deemed to have taken place between February fourteenth, eighteen undred and ninety-eight and July fourth, nineteen hundred and two, and he Mexican border service of nineteen hundred and sixteen and nine- een hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human ody in a town, or remove therefrom a human body which has not been uried, until he has received a permit from the board of health, or its gent appointed to issue such permits, or if there is no such board, from he clerk of the town where the person died; and no undertaker or other erson shall exhume a human body and remove it from a town, from one emetery to another, or from one grave or tomb other than the receiving omb to another in the same cemetery, until he has received a permit from he board of health or its agent aforesaid or from the clerk of the town here the body is buried. No such permit shall be issued until there shall ave been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be eturned and recorded, which shall be accompanied, in case of an original nterment, by a satisfactory certificate of the attending physician, if any, s required by law, or in lieu thereof a certificate as hereinafter provided. f there is no attending physician, or if, for sufficient reasons, his certificate annot be obtained early enough for the purpose, or is insufficient, a physi- ian who is a member of the board of health, or employed by it or by the electmen for the purpose, shall upon application make the certificate re- uired of the attending physician. If death is caused by violence, the medi- al examiner shall make such certificate. If such a permit for the removal f a human body, not previously interred, from one town to another within he commonwealth cannot be obtained early enough for the purpose, the ertificate of death made as above provided and in the possession of the ndertaker desiring to make such removal shall constitute a permit for uch removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless permit in the usual form for the removal of such body has been sooner btained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other neces- sary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has re- ceived a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose phy- sician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths sup- posably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very im- portant, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, how- ever, designate the occupation by the appropriate terms, as housekeeper— private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION ______________________________

R-302

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

## COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 10699 243

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Mass.Memorial Hospt St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Cohen (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) ..........

(a) Residence. No. 93 Shore Drive St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ........ (Before death) (Specify whether) years months $3\frac{1}{2}$ days. In this community yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: F · 4 COLOR OR RACE: W · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH (Month) (Day) (Year): Dec. 18/46 |
| 5a If married, widowed, or divorced HUSBAND of ........ (Give maiden name of wife in full) (or) WIFE of ........ (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 19 46, to Dec. 18, 19 46. I last saw her alive on Dec. 18/46, 19 ...., death is said to have occurred on the date stated above, at 12:25P m. |
| 6 Age of husband or wife if alive ........ years | Immediate cause of death: Prematurity 8 mos. |
| 7 IF STILLBORN, enter that fact here. | Due to: Congenital atresia of duodenum |
| 8 AGE ........ Years ........ Months 4 Days / If less than 1 day ........ Hours ........ Minutes | Due to: ........ |
| 9 Usual Occupation: ------ | Other conditions (Include pregnancy within 3 months of death) ........ |
| 10 Industry or Business: ........ | Major findings: Of operations ........ Date of ........ |
| 11 Social Security No. ........ | Of autopsy: above |
| 12 BIRTHPLACE (City) (State or country): Boston Mass. | What test confirmed diagnosis? autopsy |
| PARENTS — 13 NAME OF FATHER: Hyman M Cohen | 20 Was disease or injury in any way related to occupation of deceased? ........ If so, specify ........ |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass. | (Signed) C A Powell, M. D. |
| 15 MAIDEN NAME OF MOTHER: Gladys E Morgan | (Address) Mass.Mem.Hospt Date 12-18, 19 46 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Newburyport Mass. | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Abramson Lebanon (Cemetery) West Roxbury (City or Town) |
| 17 Informant (Address): Father (Relation, if any ........) | DATE OF BURIAL: Dec. 19/46, 19 |
| A TRUE COPY. ATTEST: Michael J. Manning (Registrar of city or town where death occurred) | 22 NAME OF FUNERAL DIRECTOR: B F Solomon; ADDRESS: Brookline Mass. |
| DATE FILED: Dec.23/46, 19 | Received and filed ........ 19 DEC 30 1946 (Registrar of City or Town where deceased resided) |

Duration: ........

Physician — Underline the cause to which death should be charged statistically.

50m-(b)-6-44-14607

...of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

R-305

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

# COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 107[illegible]

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. U S VETERANS HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN LONDRIGAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) SAW

(a) Residence. No. 50 PLEASANT St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years months days. In this community 60 yrs. mos. days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): MARRIED

5a If married, widowed, or divorced HUSBAND of ANNABELLE M SCOTT
(Give maiden name of wife in full)
(or) WIFE of ........
(Husband's name in full)

6 Age of husband or wife if alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 4 Months – Days | If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: PILOT CITY OF BOSTON

10 Industry or Business: RETIRED

11 Social Security No. ........

12 BIRTHPLACE (City) (State or country) NEWFOUNDLAND

PARENTS

13 NAME OF FATHER WILLIAM LONDRIGAN

14 BIRTHPLACE OF FATHER (City) (State or country) NEWFOUNDLAND

15 MAIDEN NAME OF MOTHER MARY ST CROIX

16 BIRTHPLACE OF MOTHER (City) (State or country) NEWFOUNDLAND

17 Informant ........ (Relation, if any WIFE)
(Address)

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED DEC 23/46 19

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH DEC 18/46
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

BRONCHOPNEUMONIA
CONTUSION OF SPINAL CORD
FELL AT HOME 12/14/46

20 Accident, suicide, or homicide (specify) ........
Date of occurrence ........ 19 ........
Where did Injury occur? ........
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? ........
(Specify type of place)
Manner of Injury ........
Nature of Injury ........
While at work? ........ Was there an autopsy? ........

21 Was disease or injury in any way related to occupation of deceased? ........
If so, specify ........
(Signed) R FORD, M. D.
(Address) ........ Date 12/19/46

22 HOLY CROSS MALDEN
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL DEC 21/46 19

23 NAME OF FUNERAL DIRECTOR F J MAGRATH
ADDRESS BOSTON

Received and filed ........ 19 ........
DEC 30 1946
(Registrar of City or Town where deceased resided)

of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (b)-1-41-4667

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 245

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Edward Countaway
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 483 Shirley St. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 4 days. In this community 50 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Male |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) | Phoebe Atkinson |
| (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive | years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 78 Years Months Days; If less than 1 day Hours Minutes |
| 9 Usual Occupation: | Painter |
| 10 Industry or Business: | Self |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or Country) | Novia Scotia |
| PARENTS 13 NAME OF FATHER | — Countaway |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Unable to obtain |
| 15 MAIDEN NAME OF MOTHER | Unable to obtain |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Unable to obtain |

17 Informant Frances Maloney (Daughter) (Relation, if any)
(Address) 483 Shirley St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (Signature of Agent of Board of Health or other)

Agt. (Official Designation) 12/23/46 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 21, (Day) 1946 (Year)

19 46 I HEREBY CERTIFY, That I attended deceased from December 18, 19 46, to December 21, 19 46

I last saw him alive on December 20, 19 46, death is said to have occurred on the date stated above, at 4:30 A.m.

| | Duration |
|---|---|
| Immediate cause of death Chronic Glomerulo-nephritis with uremia | 6 days |
| Due to Arteriosclerosis and Arteriosclerotic Heart Disease | 2 years |
| Due to | |
| Other conditions Pneumonia - rt. lung (Include pregnancy within 3 months of death) | 3 days |

IMPORTANT

IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings: Of operations None

Date of

Of autopsy None

What test confirmed diagnosis? Clinical + Laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Maurice Traunstein Jr., M. D.
(Address) 562 Shirley St, Winthrop Mass. Date Dec. 21 19 46

21 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Dec 23 19 46

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and Filed DEC 30 1946 19
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
00m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after he death of a person whom he has attended during his last illness, at the equest of an undertaker or other authorized person or of any member of he family of the deceased, furnish for registration a standard certificate f death, stating to the best of his knowledge and belief the name of the eceased, his supposed age, the disease of which he died, defined as re-uired by section one, where same was contracted, the duration of his last llness, when last seen alive by the physician or officer and the date of is death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the receding section or by section forty-five of chapter one hundred and four-een, shall, if the deceased, to the best of his knowledge and belief, served n the army, navy or marine corps of the United States in any war in which t has been engaged, insert in the certificate a recital to that effect, speci-ying the war, and shall also certify in such certificate both the primary nd the secondary or immediate cause of death as nearly as he can state he same. For neglect to comply with any provision of this section, such hysician or officer shall forfeit ten dollars. For the purposes of this sec-ion and of sections forty-five, forty-six and forty-seven of said chapter ne hundred and fourteen, the word "war" shall include the China relief xpedition and the Philippine insurrection, which shall, for said purposes, e deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and he Mexican border service of nineteen hundred and sixteen and nine-een hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human ody in a town, or remove therefrom a human body which has not been uried, until he has received a permit from the board of health, or its gent appointed to issue such permits, or if there is no such board, from he clerk of the town where the person died; and no undertaker or other erson shall exhume a human body and remove it from a town, from one emetery to another, or from one grave or tomb other than the receiving omb to another in the same cemetery, until he has received a permit from he board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall ave been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be eturned and recorded, which shall be accompanied, in case of an original nterment, by a satisfactory certificate of the attending physician, if any, s required by law, or in lieu thereof a certificate as hereinafter provided. f there is no attending physician, or if, for sufficient reasons, his certificate annot be obtained early enough for the purpose, or is insufficient, a physi-ian who is a member of the board of health, or employed by it or by the electmen for the purpose, shall upon application make the certificate re-uired of the attending physician. If death is caused by violence, the medi-al examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within he commonwealth cannot be obtained early enough for the purpose, the ertificate of death made as above provided and in the possession of the ndertaker desiring to make such removal shall constitute a permit for uch removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless permit in the usual form for the removal of such body has been sooner btained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other neces-sary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has re-ceived a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose phy-sician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths sup-posably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very im-portant, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, how-ever, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION ________________

R-301 A

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

Boston notified 1/10/47

# The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 246

1 PLACE OF DEATH
Suffolk (County)
~~Boston~~ Winthrop (City or Town)
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Barbara Rinella
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 122 Trenton St. East Boston St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 2 days. In this community 5 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | Samuel Rinella |
| 6 Age of husband or wife if alive | 35 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 32 Years Months Days; If less than 1 day Hours Minutes |
| 9 Usual Occupation: | House wife |
| 10 Industry or Business: | At Home |
| 11 Social Security No. | none |
| 12 BIRTHPLACE (City) (State or Country) | Canton Mass. |
| PARENTS 13 NAME OF FATHER | Joseph Dube |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Canada |
| 15 MAIDEN NAME OF MOTHER | Emma Ramacourt |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Canada |

17 Informant (Address) Samuel Rinelli ( Relation, if any husband )
122 Trenton St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/23/46 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH | December (Month) 22 (Day) 1946 (Year) |

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1946, to Dec 22, 1946
I last saw her alive on Dec 22, 1946. death is said to have occurred on the date stated above, at 4 AM m.

| | Duration IMPORTANT |
|---|---|
| Immediate cause of death: Eclampsia | Dec 20, 1946 |
| Due to Toxemia of Pregnancy | Nov 29, 1946 |
| Due to ? | |
| Other conditions (Include pregnancy within 3 months of death) Pregnancy; Healed tuberculosis - thoracoplasty | Apr. 6, 1946 |
| Major findings: Of operations Tuberculosis thoracoplasty; Date of | |
| Of autopsy | |
| What test confirmed diagnosis? | |

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) A. N. Caplan, M. D.
(Address) 186 Princeton St E B Date 12-22 1946

21 St. Michael Cemetery Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec. 24 -46 19

22 NAME OF FUNERAL DIRECTOR Peter Rapino
ADDRESS 9 Chelsea St. East Boston

Received and Filed 19
DEC 30 1946 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after e death of a person whom he has attended during his last illness, at the quest of an undertaker or other authorized person or of any member of e family of the deceased, furnish for registration a standard certificate death, stating to the best of his knowledge and belief the name of the eceased, his supposed age, the disease of which he died, defined as reuired by section one, where same was contracted, the duration of his last lness, when last seen alive by the physician or officer and the date of s death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the receding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served the army, navy or marine corps of the United States in any war in which has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary nd the secondary or immediate cause of death as nearly as he can state e same. For neglect to comply with any provision of this section, such ysician or officer shall forfeit ten dollars. For the purposes of this secon and of sections forty-five, forty-six and forty-seven of said chapter ne hundred and fourteen, the word "war" shall include the China relief xpedition and the Philippine insurrection, which shall, for said purposes, e deemed to have taken place between February fourteenth, eighteen undred and ninety-eight and July fourth, nineteen hundred and two, and e Mexican border service of nineteen hundred and sixteen and nineeen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human ody in a town, or remove therefrom a human body which has not been uried, until he has received a permit from the board of health, or its gent appointed to issue such permits, or if there is no such board, from e clerk of the town where the person died; and no undertaker or other erson shall exhume a human body and remove it from a town, from one emetery to another, or from one grave or tomb other than the receiving mb to another in the same cemetery, until he has received a permit from e board of health or its agent aforesaid or from the clerk of the town here the body is buried. No such permit shall be issued until there shall ave been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be eturned and recorded, which shall be accompanied, in case of an original terment, by a satisfactory certificate of the attending physician, if any, s required by law, or in lieu thereof a certificate as hereinafter provided. there is no attending physician, or if, for sufficient reasons, his certificate nnot be obtained early enough for the purpose, or is insufficient, a physiian who is a member of the board of health, or employed by it or by the electmen for the purpose, shall upon application make the certificate reuired of the attending physician. If death is caused by violence, the medial examiner shall make such certificate. If such a permit for the removal f a human body, not previously interred, from one town to another within e commonwealth cannot be obtained early enough for the purpose, the ertificate of death made as above provided and in the possession of the ndertaker desiring to make such removal shall constitute a permit for uch removal; provided, that such body shall be returned to the town from hich it was removed within thirty-six hours after such removal, unless permit in the usual form for the removal of such body has been sooner btained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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SPACE FOR ADDITIONAL INFORMATION ______

01 A

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 247

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Win. Comm. Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel Michael Keleher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 122 Brookfield Rd St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hosp. (Specify whether) years months 4 days. In this community 35 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Male | 4 COLOR OR RACE: White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Married |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | Irene A. Kelly |
| 6 Age of husband or wife if alive | 58 years |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 62 Years Months Days; If less than 1 day Hours Minutes |
| 9 Usual Occupation | Broker |
| 10 Industry or Business | — |
| 11 Social Security No. | — |
| 12 BIRTHPLACE (City) (State or country) | New York City |
| PARENTS: 13 NAME OF FATHER | Dennis M. [illegible] |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Ireland, New York |
| 15 MAIDEN NAME OF MOTHER | Catherine Carroll |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | New York |
| 17 Informant (Address) | Irene Keleher, 122 Brookfield Rd. (Relation, if any) wife |

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G Baker
(Signature of Agent of Board of Health or other)
H.O. at Dec 28/46
(Official Designation) (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | |
|---|---|
| 18 DATE OF DEATH | Dec. (Month) 25 (Day) 1946 (Year) |

19 I HEREBY CERTIFY, That I attended deceased from Aug 13 1943, 1943, to Dec 25, 1946
I last saw him alive on Dec 25, 1946 death is said to have occurred on the date stated above, at 2:45 P.m.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Thrombosis | IMPORTANT Sudden |
| Due to Chronic hypertension | 5 years |
| Due to Virus Pneumonia | 8 days |
| Other conditions (Include pregnancy within 3 months of death) — | |

Major findings: Of operations none
Date of
Of autopsy X-Ray
What test confirmed diagnosis? Clinical Signs

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] M. D.
(Address) Winthrop Date Dec 27, 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 12/28/46 19

22 NAME OF FUNERAL DIRECTOR Keohy Bros
ADDRESS Winthrop

Received and filed DEC 30 1946 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION ______

DATE OF ENTERING MILITARY SERVICE ______

DATE OF DISCHARGE ______

RANK, RATING ______

ORGANIZATION AND OUTFIT ______

SERVICE NUMBER ______

R-301 A

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect. (per Mr. Reynolds)

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 248

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Miss~~ Adelaide Belcher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 329 Winthrop St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 1 hr. 5 mins. years months days. (Before death) (Specify whether) In this community 66 yrs. 2 mos. – days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Single |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 66 Years 2 Months – Days; If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation: | At Home |
| 10 Industry or Business: | — |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or Country) | Winthrop Mass. |
| PARENTS 13 NAME OF FATHER | Wilbur Belcher |
| 14 BIRTHPLACE OF FATHER (City) (State or Country) | Winthrop Mass. |
| 15 MAIDEN NAME OF MOTHER | Sarah Morse |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country) | Buxport Maine |

17 Informant Eunice Belcher Cousin (Relation, if any)
(Address) 339 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/2/47 (Date of Issue of Permit)

| MEDICAL CERTIFICATE OF DEATH | | |
|---|---|---|
| 18 DATE OF DEATH | December 30 1946. (Month) (Day) (Year) | |

19 ~~11 am.~~ I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1946 to Dec. 30, 1946
I last saw her alive on Dec. 30, 1946 death is said to have occurred on the date stated above, at 12:45 p.m.

| | | Duration IMPORTANT |
|---|---|---|
| Immediate cause of death | Cerebral hemorrhage | 2 hrs. |
| Due to | Hypertension | years |
| Due to | | |
| Other conditions (Include pregnancy within 3 months of death) | Chronic myocarditis | years |

IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. Murray, M. D.
(Address) Winthrop, Mass. Date 1 Dec 1946

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 2 1947

22 NAME OF FUNERAL DIRECTOR Howard E Reynolds
ADDRESS Winthrop Mass.

Received and Filed JAN 3 1947 19
(Registrar)

00m-9-44-14955

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after e death of a person whom he has attended during his last illness, at the quest of an undertaker or other authorized person or of any member of e family of the deceased, furnish for registration a standard certificate death, stating to the best of his knowledge and belief the name of the ceased, his supposed age, the disease of which he died, defined as re- ired by section one, where same was contracted, the duration of his last ness, when last seen alive by the physician or officer and the date of s death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the eceding section or by section forty-five of chapter one hundred and four- en, shall, if the deceased, to the best of his knowledge and belief, served the army, navy or marine corps of the United States in any war in which has been engaged, insert in the certificate a recital to that effect, speci- ing the war, and shall also certify in such certificate both the primary d the secondary or immediate cause of death as nearly as he can state e same. For neglect to comply with any provision of this section, such ysician or officer shall forfeit ten dollars. For the purposes of this sec- on and of sections forty-five, forty-six and forty-seven of said chapter e hundred and fourteen, the word "war" shall include the China relief pedition and the Philippine insurrection, which shall, for said purposes, deemed to have taken place between February fourteenth, eighteen ndred and ninety-eight and July fourth, nineteen hundred and two, and e Mexican border service of nineteen hundred and sixteen and nine- en hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human dy in a town, or remove therefrom a human body which has not been ried, until he has received a permit from the board of health, or its ent appointed to issue such permits, or if there is no such board, from e clerk of the town where the person died; and no undertaker or other rson shall exhume a human body and remove it from a town, from one metery to another, or from one grave or tomb other than the receiving mb to another in the same cemetery, until he has received a permit from e board of health or its agent aforesaid or from the clerk of the town here the body is buried. No such permit shall be issued until there shall ve been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original terment, by a satisfactory certificate of the attending physician, if any, required by law, or in lieu thereof a certificate as hereinafter provided. there is no attending physician, or if, for sufficient reasons, his certificate nnot be obtained early enough for the purpose, or is insufficient, a physi- an who is a member of the board of health, or employed by it or by the lectmen for the purpose, shall upon application make the certificate re- iired of the attending physician. If death is caused by violence, the medi- l examiner shall make such certificate. If such a permit for the removal a human body, not previously interred, from one town to another within e commonwealth cannot be obtained early enough for the purpose, the rtificate of death made as above provided and in the possession of the ndertaker desiring to make such removal shall constitute a permit for ch removal; provided, that such body shall be returned to the town from hich it was removed within thirty-six hours after such removal, unless permit in the usual form for the removal of such body has been sooner otained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 249

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Comm Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl GORDON
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

a) Residence. No. 68 Park Ave St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution Hosp. years months 3 days. In this community yrs. mos. 3 days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX: Female | 4 COLOR OR RACE: White |
| 5 SINGLE (write the word) ~~MARRIED~~ ~~WIDOWED~~ ~~or DIVORCED~~: Single | |
| 5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE Years — Months 3 Days — | If less than 1 day Hours Minutes |
| 9 Usual Occupation: none | |
| 10 Industry or Business: none | |
| 11 Social Security No. none | |
| 12 BIRTHPLACE (City) (State or Country) Winthrop, Mass | |
| PARENTS 13 NAME OF FATHER: Herbert Gordon | |
| 14 BIRTHPLACE OF FATHER (City) (State or Country): Boston Mass | |
| 15 MAIDEN NAME OF MOTHER: Rose Brown | |
| 16 BIRTHPLACE OF MOTHER (City) (State or Country): Lynn Mass | |
| 17 Informant Herbert Gordon (Relation, if any: Father) (Address) 68 Park Ave Winthrop | |

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 18 DATE OF DEATH Dec. 30, 1946 (Month) (Day) (Year) |
| 19 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1946, to Dec 30, 1946. I last saw her alive on Dec. 29, 1946 death is said to have occurred on the date stated above, at 7:30 A.m. |
| Immediate cause of death: Prematurity — 6 mo. — Duration: 40 hours |
| Due to |
| Due to |
| Other conditions (Include pregnancy within 3 months of death) |
| Major findings: Of operations — Date of |
| Of autopsy |
| What test confirmed diagnosis? Clinical findings |
| 20 Was disease or injury in any way related to occupation of deceased? If so, specify |
| (Signed) M. D. Silver [illegible], M. D. (Address) 34 Cabot Ave Date 12/30 1946 |
| 21 Beth Israel Cem. Everett — Place of Burial, Cremation or Removal. City or Town |
| DATE OF BURIAL Dec 31 1946 |
| 22 NAME OF FUNERAL DIRECTOR H. J. Torf ADDRESS 151 Washington Ave Chelsea |
| Received and Filed JAN 3 1947 (Registrar) |

IMPORTANT Physician Underline the cause to which death should be charged statistically.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/30/46 (Date of Issue of Permit)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after e death of a person whom he has attended during his last illness, at the quest of an undertaker or other authorized person or of any member of e family of the deceased, furnish for registration a standard certificate death, stating to the best of his knowledge and belief the name of the ceased, his supposed age, the disease of which he died, defined as re- ired by section one, where same was contracted, the duration of his last ness, when last seen alive by the physician or officer and the date of s death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the eceding section or by section forty-five of chapter one hundred and four- en, shall, if the deceased, to the best of his knowledge and belief, served the army, navy or marine corps of the United States in any war in which has been engaged, insert in the certificate a recital to that effect, speci- ing the war, and shall also certify in such certificate both the primary d the secondary or immediate cause of death as nearly as he can state e same. For neglect to comply with any provision of this section, such ysician or officer shall forfeit ten dollars. For the purposes of this sec- n and of sections forty-five, forty-six and forty-seven of said chapter e hundred and fourteen, the word "war" shall include the China relief pedition and the Philippine insurrection, which shall, for said purposes, deemed to have taken place between February fourteenth, eighteen ndred and ninety-eight and July fourth, nineteen hundred and two, and e Mexican border service of nineteen hundred and sixteen and nine- en hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human dy in a town, or remove therefrom a human body which has not been ried, until he has received a permit from the board of health, or its ent appointed to issue such permits, or if there is no such board, from e clerk of the town where the person died; and no undertaker or other rson shall exhume a human body and remove it from a town, from one metery to another, or from one grave or tomb other than the receiving mb to another in the same cemetery, until he has received a permit from e board of health or its agent aforesaid or from the clerk of the town here the body is buried. No such permit shall be issued until there shall ve been delivered to such board, agent or clerk, as the case may be, satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original terment, by a satisfactory certificate of the attending physician, if any, required by law, or in lieu thereof a certificate as hereinafter provided. there is no attending physician, or if, for sufficient reasons, his certificate nnot be obtained early enough for the purpose, or is insufficient, a physi- an who is a member of the board of health, or employed by it or by the lectmen for the purpose, shall upon application make the certificate re- ired of the attending physician. If death is caused by violence, the medi- l examiner shall make such certificate. If such a permit for the removal a human body, not previously interred, from one town to another within e commonwealth cannot be obtained early enough for the purpose, the rtificate of death made as above provided and in the possession of the ndertaker desiring to make such removal shall constitute a permit for ch removal; provided, that such body shall be returned to the town from hich it was removed within thirty-six hours after such removal, unless permit in the usual form for the removal of such body has been sooner tained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other neces- sary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has re- ceived a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose phy- sician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths sup- posably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

**Statement of Occupation.**—Precise statement of occupation is very im- portant, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, how- ever, designate the occupation by the appropriate terms, as housekeeper— private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

1 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 250

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 36 Atlantic St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

2 FULL NAME Mary Wheeler (Magee) Hall
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 36 Atlantic St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 92 93 yrs. 10 mos. – days.
(Before death) (Specify whether)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Isaac Charles Hall (Husband's name in full)

6 Age of husband or wife if alive ........ years

7 IF STILLBORN, enter that fact here.

8 AGE 92 Years 10 Months 22 Days | If less than 1 day ........ Hours ........ Minutes

9 Usual Occupation: At home

10 Industry or Business: —

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

13 NAME OF FATHER Edward Magee

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass

15 MAIDEN NAME OF MOTHER Carolyn Sturgis Tewksbury

16 BIRTHPLACE OF MOTHER (City) (State or country) unable to obtain

17 Informant Mrs Frank P. Magee (Relation, if any niece)
(Address) 36 Atlantic St, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 1/2/47
(Official Designation) (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 30 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1942, to Dec 30, 1946

I last saw her alive on Dec 30, 1946, death is said to have occurred on the date stated above, at 9 P. m.

| | Duration |
|---|---|
| Immediate cause of death Chronic myocarditis | 4 yrs. |
| Due to | |
| Due to | |
| Other conditions Senility (include pregnancy within 3 months of death) | |

IMPORTANT

Major findings:
Of operations ........ Date of ........
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] Date [illegible] 19

21 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 2, 1947 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and filed ........ 19
JAN 3 1947
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a rider to that sheet.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Cause of Death.**—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## SPACE FOR ADDITIONAL INFORMATION ____________

DATE OF ENTERING MILITARY SERVICE ____________

DATE OF DISCHARGE ____________

RANK, RATING ____________

ORGANIZATION AND OUTFIT ____________

SERVICE NUMBER ____________

303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 251

1 PLACE OF DEATH
Suffolk (County)
Winthrop. (City or Town)
No. 61 Birch Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) ............

(a) Residence. No. 61 Birch Rd. Winthrop St. ............ (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community 20 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of ............ (Give maiden name of wife in full)
(or) WIFE of ............ (Husband's name in full)

6 Age of husband or wife if alive ............ years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years ...... Months ...... Days ...... If less than 1 day ...... Hours ...... Minutes

9 Usual Occupation: Insurance

10 Industry or Business: Mass Bonding Ins Co.

11 Social Security No. 012--12--5825

12 BIRTHPLACE (City) Newton
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER John Sullivan

14 BIRTHPLACE OF FATHER (City) ............
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Bridget Slyne

16 BIRTHPLACE OF MOTHER (City) ............
(State or country) Ireland

17 Informant Arthur J. Sullivan (Relation, if any Nephew)
(Address) 455 East 51st Street N.Y.C.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Bagley (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/2/47 (Date of Issue of Permit)

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December - 30 - 1946 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Acute Cardiac Failure:
Hypertensive Heart Disease

20 Accident, suicide, or homicide (specify) ............
Date of occurrence ............ 19......
Where did Injury occur? ............ (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? ............ (Specify type of place)
Manner of Injury Collapsed after walking on a
Nature of Injury cold windy day
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify ............
(Signed) Wm. J. Brickley, M. D.
(Address) Boston Date 12-31-1946

22 Calvary Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 3 1947

23 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Mass

Received and filed JAN 3 1947 19......
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50m (g)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

# RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

## STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

**DESCRIPTION (for unknown person)**........................................................................

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**NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.**

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF DEATH

State File No. 252
Registrar's No.

State of Maine

1. PLACE OF DEATH:
(a) County Oxford
(b) City or town South Paris (Rural) (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 7 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County Suffolk
(c) City or town Winthrop (If outside city or town limits, write RURAL)
(d) Street No. ib (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) FULL NAME Edna D. Field
3. (b) If veteran, name war —
3. (c) Social Security No. 010-09-8906
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Div.
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 3 (Day) 1899 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 47 | 4 | 24 | — hr. — min. |

9. Birthplace Lewiston, (City, town, or county) Maine (State or foreign country)
10. Usual occupation Waitress
11. Industry or business —
FATHER
12. Name Charles Gould
13. Birthplace ib (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lillian Allen
15. Birthplace Hartford, (City, town, or county) Me. (State or foreign country)
16. (a) Informant's own signature Rosie Rowe
(b) Address —
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29 1946 (Month) (Day) (Year)
(c) Place; burial or cremation South Paris, Me.
18. (a) Signature of funeral director Clarence B. Huff
(b) Address South Paris, Me.
19. (a) Oct. 1, 1946 (Date received local registrar) (b) E. Walter Abbott (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month Sept. day 27 year 1946 hour — minute —
21. I hereby certify that I attended the deceased from —, 19—, to —, 19—:
that I last saw h— alive on —, 19—:
and that death occurred on the date and hour stated above. Duration
Immediate cause of death
Coronary thrombosis
Due to Coronary artery disease
Due to
Other conditions Right hemiplegia (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph A. Villa (M. D. or other) M.D.
Address South Paris, Me. Date signed —

CONFIRMED

JAN 23 1947

8-6917

U. S. GOVERNMENT PRINTING OFFICE 16—13493

R-302

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 253

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Hanvers State Hospital, Hathorne, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia E. Howe (Julia E. Tabor)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 125 Cliff Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 28 days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Frank Howe (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Unable to work

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Troy, New York

PARENTS

13 NAME OF FATHER: Arthur Tabor

14 BIRTHPLACE OF FATHER (City) (State or country): Troy, N. Y.

15 MAIDEN NAME OF MOTHER: Mary A. Jones

16 BIRTHPLACE OF MOTHER (City) (State or country): Troy, New York

17 Informant M. K. McPhillips (Relation, if any )
(Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED Nov. 25, 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 16, 1946
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1946, to Nov. 16, 1946
I last saw her alive on Nov. 16, 1946, death is said to have occurred on the date stated above, at 11:50 p. m.

| Immediate cause of death | Duration |
|---|---|
| Generalized Arteriosclerosis | 5 yrs |
| Chronis Myocarditis | 2 yrs |
| Due to | |
| Due to | |

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Francis X. Sullivan, M. D.
(Address) Hathorne, Mass. Date 11-22 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winchendon Cemetery, Winchendon, Mass.
(Cemetery) (City or Town)
DATE OF BURIAL November 20, 1946

22 NAME OF FUNERAL DIRECTOR Richard H. White
ADDRESS Winthrop, Mass.

Received and filed JAN 14 1947 19
(Registrar of City or Town where deceased resided)

30m-(b)-6-44-14607

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

R-302

# The Commonwealth of Massachusetts
## OFFICE OF THE SECRETARY
### DIVISION OF VITAL STATISTICS
## COPY OF CERTIFICATE OF DEATH

REVERE
(City or town making return)

Registered No. 254

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Sunnyside Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gitano Carnicelli
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) None

(a) Residence. No. 106 Shirley St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Home 1 years — months — days. In this community 20 yrs. — mos. — days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Male / 4 COLOR OR RACE: White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: December 3 1946 (Month) (Day) (Year) |
| 5a If married, widowed, or divorced HUSBAND of Maria DiBiase (Give maiden name of wife in full) (or) WIFE of ........ (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1946, to Dec. 3, 1946. I last saw him alive on Dec. 3, 1946, death is said to have occurred on the date stated above, at 12 m. |
| 6 Age of husband or wife if alive ........ years | Immediate cause of death: Bronchopneumonia — Duration: 5 days |
| 7 IF STILLBORN, enter that fact here. | Due to ........ |
| 8 AGE 92 Years — Months — Days. If less than 1 day ... Hours ... Minutes | Due to ........ |
| 9 Usual Occupation: Tailor | Other conditions (Include pregnancy within 3 months of death) ........ |
| 10 Industry or Business: Retired | Major findings: Of operations ........ Date of ........ |
| 11 Social Security No. None | Of autopsy ........ |
| 12 BIRTHPLACE (City) (State or country) Italy | What test confirmed diagnosis? clinical |
| PARENTS — 13 NAME OF FATHER Vincent Carnicelli | Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country) Italy | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify ........ |
| 15 MAIDEN NAME OF MOTHER Louise Bartelli | (Signed) H. L. Masters, M. D. (Address) 62 Revere St., Revere Date 12/3 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) Italy | 21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery), Malden (City or Town). DATE OF BURIAL Dec. 6, 1946 |
| 17 Informant Peter Carnicelli (Relation, if any: Son) (Address) 106 Shirley St., Winthrop | 22 NAME OF FUNERAL DIRECTOR Patsy Rapino ADDRESS 9 Chelsea St., E. Boston |
| A TRUE COPY. ATTEST: Joseph F. McDonald (Registrar of city or town where death occurred) DATE FILED December 4, 1946 | Received and filed JAN 13 1947 19.... (Registrar of City or Town where deceased resided) |

50m-(b)-6-44-14607

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
# COPY OF CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 255

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Cobb
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years 9 months days. In this community yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Unknown (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Unable to work

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) Brooklyn
(State or country) New York

PARENTS

13 NAME OF FATHER John Smith

14 BIRTHPLACE OF FATHER (City)
(State or country) Germany

15 MAIDEN NAME OF MOTHER Susan KLine

16 BIRTHPLACE OF MOTHER (City)
(State or country) Germany

17 Informant M.K.McPhillips (Relation, if any )
(Address) DSH

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED Dec. 16, 1946

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. (Month) 7 (Day) 1946 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 8, 1946, to Dec. 7, 1946
I last saw her alive on Dec. 7, 1946 death is said to have occurred on the date stated above, at 4:00P.m.

| Immediate cause of death | Duration |
|---|---|
| Generalized Arteriosclerosis | 10 yrs. |
| Due to | |
| Due to | |

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Date of
Of autopsy

Physician: Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Francis X. Sullivan, M. D.
(Address) DSH Date 12/13, 1946

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Hope (Cemetery) Dorchester (City or Town)
DATE OF BURIAL Dec. 10, 1946

22 NAME OF FUNERAL DIRECTOR S.M. Burrough
ADDRESS Dorchester

Received and filed JAN 14 1947 19
(Registrar of City or Town where deceased resided)

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

REVERE (City or town making return)

Registered No. 256

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Rest Haven St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eleanor J. Cunningham (Doherty)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 17 Cutler St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Rest Home (Before death) (Specify whether) ~~years~~ – months 5 days. In this community 2 yrs. – mos. – days.

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed | 18 DATE OF DEATH: December (Month) 9 (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Timothy T. Cunningham (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from November 2, 1946, to December 9, 1946. I last saw her alive on December 9, 1946, death is said to have occurred on the date stated above, at 7:25 A. m. |
| 6 Age of husband or wife if alive ........ years | Immediate cause of death: Carcinoma of uterus; Carcinoma of bowels (Duration) ? 1-2 years |
| 7 IF STILLBORN, enter that fact here. | Due to ........ |
| 8 AGE 53 Years – Months – Days; If less than 1 day ...Hours ...Minutes | Due to ........ |
| 9 Usual Occupation: Housework | Other conditions (Include pregnancy within 3 months of death) General debility |
| 10 Industry or Business: Own Home | Major findings: Of operations ........ Date of ........ |
| 11 Social Security No. None | Of autopsy ........ |
| 12 BIRTHPLACE (City) (State or country) East Boston | What test confirmed diagnosis? Clinical |
| PARENTS — 13 NAME OF FATHER: Patrick Doherty | Physician: Underline the cause to which death should be charged statistically. |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Ireland | 20 Was disease or injury in any way related to occupation of deceased? No. If so, specify ........ |
| 15 MAIDEN NAME OF MOTHER: Margaret O'Driscoll | (Signed) Paul P. Weinsaft, M. D. (Address) 238 Shore Drive Winthrop Date 12/11 1946 |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or Town); DATE OF BURIAL Dec. 12 1946 |
| 17 Informant: Eleanor Cunningham (Relation if any) (daughter); (Address) 17 Cutler St., Winthrop | 22 NAME OF FUNERAL DIRECTOR: Charles H. Treamor; ADDRESS: East Boston |
| A TRUE COPY. ATTEST: [illegible signature] (Registrar of city or town where death occurred); DATE FILED December 19, 1946 | Received and filed JAN 13 1947 19.... (Registrar of City or Town where deceased resided) |

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

R-302

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# COPY OF CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 257

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jerusha Kean (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 50 Marshall St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ........ years 2 months 28 days. In this community yrs. mos. days.
(Before death) (Specify whether)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX: Female · 4 COLOR OR RACE: white · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single | 18 DATE OF DEATH: Dec. (Month) 14, (Day) 1946 (Year) |
| 5a If married, widowed, or divorced HUSBAND of ........ (Give maiden name of wife in full) (or) WIFE of ........ (Husband's name in full) | 19 I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1946, to Dec. 14, 1946. I last saw her alive on Dec. 14 1946, death is said to have occurred on the date stated above, at 1:00 p m. |
| 6 Age of husband or wife if alive ........ years | Immediate cause of death ........ |
| 7 IF STILLBORN, enter that fact here. | Arteriosclerotic heart disease — Duration: 4 yrs |
| 8 AGE 79 Years ... Months ... Days · If less than 1 day ... Hours ... Minutes | Due to ........ |
| 9 Usual Occupation: Unable to work | Due to ........ |
| 10 Industry or Business: | Other conditions ........ (Include pregnancy within 3 months of death) |
| 11 Social Security No. none | Physician: Underline the cause to which death should be charged statistically. |
| 12 BIRTHPLACE (City) (State or country): Nova Scotia Canada | Major findings: Of operations ........ Date of ........ |
| PARENTS — 13 NAME OF FATHER: William Kean | Of autopsy ........ |
| 14 BIRTHPLACE OF FATHER (City) (State or country): Nova Scotia Canada | What test confirmed diagnosis? Clinical |
| 15 MAIDEN NAME OF MOTHER: Annie MacKenzie | 20 Was disease or injury in any way related to occupation of deceased? ........ If so, specify ........ |
| 16 BIRTHPLACE OF MOTHER (City) (State or country): Nova Scotia Canada | (Signed) Peter B. Hagopian, M. D. (Address) DSH Date 12/20 1946 |
| 17 Informant M.K.McPhillips (Relation, if any ........) (Address) DSH | 21 PLACE OF BURIAL, CREMATION OR REMOVAL: Jordan Bay, (Cemetery) NovaScotia (City or Town). DATE OF BURIAL Dec. 19, 1946 |
| A TRUE COPY. ATTEST: [signature] (Registrar of city or town where death occurred) | 22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop |
| DATE FILED Dec. 23, 1946 | Received and filed JAN 14 1947 19.... (Registrar of City or Town where deceased resided) |

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

R-302

**The Commonwealth of Massachusetts**
**OFFICE OF THE SECRETARY**
**DIVISION OF VITAL STATISTICS**

# COPY OF CERTIFICATE OF DEATH

Book 2 pg 37

BOSTON (City or town making return)

Registered No. 1115258

1 PLACE OF DEATH SUFFOLK BOSTON (County)

(City or Town)

No. Jewish Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sadie ~~Winrip~~ I. Hinerip
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 566 Shirley St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years 1 months 16 days. In this community 4 yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

| | |
|---|---|
| 3 SEX | F |
| 4 COLOR OR RACE | W |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Give maiden name of wife in full) (Husband's name in full) | ~~Albert Winrip~~ Hinerip |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE ... Years ... Months ... Days / If less than 1 day ... Hours ... Minutes | 58 Years |
| 9 Usual Occupation: | Housewife |
| 10 Industry or Business: | At Home |
| 11 Social Security No. | None |
| 12 BIRTHPLACE (City) (State or country) | Poland |
| PARENTS 13 NAME OF FATHER | Gimpel Pascowitz |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Poland |
| 15 MAIDEN NAME OF MOTHER | Rebecca ----- |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | Poland |
| 17 Informant (Address) Relation, if any | Hilda Epstein (Daughter) |

A TRUE COPY. ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED Jan/3 19 47

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 30/46 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 19 46, to Dec. 30/46 19

I last saw her alive on Dec. 30/46, 19 ..., death is said to have occurred on the date stated above, at 3:25P m.

| | Duration |
|---|---|
| Immediate cause of death Broncho Pneumonia | 6 Days |
| Due to Cerebral Hemorrhage | 7 Mos. |
| Due to | |
| Other conditions Rt. Hemiparesis Aphasia (Include pregnancy within 3 months of death) | |

Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations None ... Date of ...

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W Nathan Goldstein, M. D.

(Address) Arlington Mass Date 12-30 19 46

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Israel (Cemetery) Everett Mass. (City or Town)

DATE OF BURIAL Dec/31/46 19

22 NAME OF FUNERAL DIRECTOR Henry Levine
ADDRESS Dorchester Mass.

Received and filed JAN 22 1947 19

(Registrar of City or Town where deceased resided)

of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

1 PLACE OF DEATH
Essex (County)
Lynn (City or Town)
No. 94 Franklin St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Lynn (City or town making return)
Registered No. 13259

2 FULL NAME Mary Alice Cogswell (Fullerton)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 138 Bartlett Road St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution rest home (Specify whether) years months 15 days. In this community 23 yrs. mos. days.

| PERSONAL AND STATISTICAL PARTICULARS | |
|---|---|
| 3 SEX | Female |
| 4 COLOR OR RACE | White |
| 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) | Widowed |
| 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) | Loring Reed Cogswell |
| 6 Age of husband or wife if alive ... years | |
| 7 IF STILLBORN, enter that fact here. | |
| 8 AGE | 78 Years 2 Months 16 D. If less than 1 day ... Hours ... Minutes |
| 9 Usual Occupation | At home |
| 10 Industry or Business | |
| 11 Social Security No. | none |
| 12 BIRTHPLACE (City) (State or country) | Parrsboro N.S. |
| PARENTS 13 NAME OF FATHER | Alexander Fullerton |
| 14 BIRTHPLACE OF FATHER (City) (State or country) | Parrsboro N.S. |
| 15 MAIDEN NAME OF MOTHER | Malinda Allen |
| 16 BIRTHPLACE OF MOTHER (City) (State or country) | N.S. |
| 17 Informant (Address) | Kenneth E. Cogswell (Relation, if any: son) 128 Bartlett Rd., Winthrop |

| MEDICAL CERTIFICATE OF DEATH | | Duration |
|---|---|---|
| 18 DATE OF DEATH | December 18, 1946 (Month) (Day) (Year) | |
| 19 I HEREBY CERTIFY, That I attended deceased from | Dec. 10, 1946 to Dec. 17, 1946 | |
| I last saw her alive on | Dec. 17, 1946, death is said to have occurred on the date stated above, at 1:58p m. | |
| Immediate cause of death | Hypostatic pneumonia | 3days |
| Due to | | |
| Due to | Cerebral thrombosis | 3mos. approx. |
| Other conditions (Include pregnancy within 3 months of death) | Rectal & bladder paralysis. | approx. 3 months |
| Major findings: Of operations ... Date of ... | | PHYSICIAN Underline the cause to which death should be charged statistically. |
| Of autopsy | | |
| What test confirmed diagnosis? | | |
| 20 Was disease or injury in any way related to occupation of deceased? | no | |
| If so, specify | | |
| (Signed) | Edmund A. Jannino M. D. | |
| (Address) | 131 No. Common Date 12/18 1946 | |
| 21 PLACE OF BURIAL, CREMATION OR REMOVAL | Winthrop, Winthrop (Cemetery) (City or Town) | |
| DATE OF BURIAL | Dec. 21, 1946 | |
| 22 NAME OF FUNERAL DIRECTOR | Alfred B. Marsh | |
| ADDRESS | 174 Winthrop St., Winthrop. | |
| Received and filed | FEB 12 1947 | |

A TRUE COPY.
ATTEST: Albert L. Flynn
(Registrar of city or town where death occurred)

DATE FILED Feb. 3, 1947

(Registrar of City or Town where deceased resided)

50m-10-'39. No. 8427-f

(See Chap. 46, Sec. 12, G. L.)

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

# COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH ........ (County) ........ (City or Town)

No. ........ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

........ (City or town making return)

Registered No. 260

## CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Department of Commerce
Bureau of the Census

State File No. 25477
Registered No. 2120

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) County Norfolk 2649 Registration district No. (For reg. use)
(b) Magisterial district Norfolk
(c) City or town Norfolk
(d) Name of hospital or institution U.S.Marine Hospital
(e) Length of stay in hosp. or inst. 30 days In this community Same (Specify whether years, months, or days)
(f) Is place of death within corporate limits? Yes

2. USUAL RESIDENCE OF DECEASED
(a) State Massachusetts
(b) County
(c) City or town Winthrop Street No. 51 Crystal Cove Ave.
(d) Is place of residence within corporate limits? Yes
(e) Citizen of foreign country? No 21 (Yes or No)
If Yes, name country

3. (a) FULL NAME CHARLES E. STEVENS

3. (b) If veteran, name war
3. (c) Social security number (Answer only if card is available)

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, divorced. Married
6. (b) Name of husband or wife Alice Stevens
7. Date of birth of deceased January 7, 1894 (Month by name) (Day) (Year)
8. Age: Years 52 Months 11 Days 5 If less than one day ... hours ... min.
9. Birthplace – (City, town, or county) Massachusetts (State or foreign country)
10. Usual occupation Second Mate on SS LINTON SEAM of Boston, Mass.
11. Industry or business Merchant Marine
Father: 12. Name Charles Stevens
13. Birthplace – (City, town, or county) Canada (State or foreign country)
Mother: 14. Maiden name Emiline Armstrong
15. Birthplace – (City, town or county) Nova Scotia (State or foreign country)
16. (a) Informant's own signature Information obtained from patient on admission to hospital.
(b) Address
17. (a) Burial, cremation, or removal? To Winthrop, Mass,
(b) Place ... Date Dec. 13, 1946 (Month by name) (Day) (Year)
18. (a) Signature of funeral director HOLLOMON-BROWN FUNERAL HOME,
(b) Address Norfolk, Virginia.
19. (a) Filed 12/17/46 [signature] (Date received by local registrar) (Local registrar's, or subregistrar's, signature)

MEDICAL CERTIFICATION 4:00
20. Date of death December 13, 19 46 at A. M. (Month by name) (Day) (Year) (Hour)
21. I hereby certify that I attended the deceased from November 22, 1946, to Dec. 13, 19 46; that I last saw him alive on Dec. 13, 19 46; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Peritonitis | 3 Weeks |
| Due to Perforated duodenal ulcer | 14 Hrs. |
| Due to Duodenal ulcer 117B | 4 Yrs. |
| Other conditions (Include pregnancy within 3 months of death) | |

Physician: Underline the primary cause to which death should be charged statistically.

Name of operation Gastrorrhaphy
Date of operation 11/22/46 Major findings: (a) of operations
(b) of autopsy As above

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide (specify) –
(b) Date of occurrence –
(c) Where did injury occur? – (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? – While at work? (Specify type of place)
(e) Means of injury –

23. Signature [signature] M. D. or ... M. D.
G. E. Gillespie, Asst. Surgeon (R), USPHS Date 12/13/46
Address U.S. Marine Hospital, Norfolk, Virginia.

U. S. Veteran, (Name WAR) ........
........ city or town and state)
yrs. mos. days.
DEATH
(Year)
I attended deceased from ........, 19 ...... , 19 ...... death is said
........ m. Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

........, M. D.
Date ........ 19 ......

(Address)

(Cemetery) (City or Town)
DATE OF BURIAL ........ 19 ......

22 NAME OF FUNERAL DIRECTOR ........
ADDRESS ........

A TRUE COPY.
ATTEST: ........ (Registrar of city or town where death occurred)
DATE FILED ........ 19 ......

Received and filed APR - 1 1947 19 ......
........ (Registrar of City or Town where deceased resided)

50m-10-'39. No. 8427-f

after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)